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JOINT CONFERENCE COMMITTEE
FOR
POPULATION HEALTH AND PREVENTION MEETING

Tuesday, February 22, 2000
10:00 a.m. – Noon
101 Grove Street, Room #220
San Francisco, CA 94102

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Commissioner Harrison Parker, Sr., D.D.S., Chairperson
Commissioner Roma P. Guy, MSW, Member

AGENDA

1) **CALL TO ORDER**

2) **FOR DISCUSSION:** **Director's Report**
(Barbara Garcia, PH&P Director)
(Activities and operation of Population Health and Prevention)

3) **FOR DISCUSSION:** **Presentation of the Population Health and Prevention Budget for FY 2000-01 and Outcome Measures**
*Report

4) **FOR DISCUSSION:** **Presentation of the Children, Youth, and Adolescents Programs; and Coordination of all Population Health and Prevention Youth Planning Processes**
*Report

5) **FOR DISCUSSION:** **Update on Training Coordination by the Planning Division**
*Report

6) FOR DISCUSSION: Public Health Week Activities
*Information on activities

7) OTHER BUSINESS/PUBLIC COMMENTS**

* **Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311.**

** **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

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MINUTES OF THE JOINT CONFERENCE COMMITTEE FOR POPULATION HEALTH AND PREVENTION

February 22, 2000
10:00 a.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Joint Conference Committee for Population Health and Prevention was called to order by Chairperson Commissioner Harrison Parker, Sr., D.D.S., at 10:05 a.m.

Present: Commissioner Roma P. Guy, M.S.W.
Commissioner Harrison Parker, Sr., D.D.S.

2) DIRECTOR'S REPORT

(Barbara Garcia, PH&P Director)

Overdose Prevention Recommendations

A subcommittee of the Treatment on Demand Council has developed a set of recommendations to reduce the number of drug overdoses in the City and County of San Francisco. An internal working committee of PH&P and the CHN will be reviewing these recommendations and providing a implementation plan that will be brought back to this committee and then presented at a later date to the full Commission.

Detox Design Teams

A design team is being developed for the medical components of the two new programs that will be providing medically supported detox. The first program will be utilizing the present CATS Safe Haven for Men program that has been recently de-funded from HUD. We are working closely with CATS and Bakers Places who will be sharing the use of the present facility.

The second detox will be the enhancement of the present Ozanum Drop in Center. St. Vincent de Paul who administers the present social model detox believes that this enhancement fits exactly with their future planning for their organization. Both of these programs are slated for implementation within the next 6-9 months.

Homeless Death Report

The Department will be reorganizing the way that the Homeless Death Report is developed. An internal working group utilizing researchers in the department will be providing initial recommendations, along with discussion at a later date with other community stakeholders.

3) PRESENTATION OF THE POPULATION HEALTH AND PREVENTION BUDGET FOR FY 2000-01 AND OUTCOME MEASURES

Mr. Larry Doyle, Population Health and Prevention Financial Officer, presented this report on the current year shortfalls:

Population Health and Prevention was anticipating expenditure shortfalls in Mental Health salary accounts and a shortfall in divisionwide fringe benefits. On the revenue side, PHP was concerned regarding shortfalls in Environmental Health, Mental Health Medicare revenues and the Family Mosaic Program. In the current budget, Mental Health has reallocated approximately $400,000 to reduce its salary savings to a much more manageable level, approximately 71-2%). Divisionwide, PHP has reallocated approximately $200,000 towards the fringe benefits deficit. In either situation is the projected deficit fully covered but it has been adjusted to better reflect anticipated expenses.

On the revenue side, PHP believes this year's projected deficit will be remedied entirely by increased collections. Environmental Health has instituted a rate change to make up its deficit. The Family Mosaic Program is anticipating that the State will retroactively amend its contract with PHP so that this year's revenue shortfall will be remedied and, therefore, not problematic in the ensuing fiscal year either. Finally, Mental Health will begin billing through licensed social workers, master level nurses and psychologists, in addition to the psychiatrists. Mr. Doyle believes that those additional billings will allow PHP to achieve the total amount budgeted for Medicare.

Ms. Garcia presented goals, activities, and performance measures for PHP for FY 2000-01, covering mental health, housing, substance abuse, urban health/special projects, and prevention.

Ms. Garcia provided the Commissioners with a copy of a commentary from the L.A. Times entitled: "What Works to Better Society Can't Be Easily Measured," by Lisbeth Schorr and Daniel Yankelovich.

Commissioner Guy emphasized the need to look at outcomes, to begin to measure activities and program impact, and to show positive results.

Jo Ruffin, Director of Mental Health Services, pointed out that Mental Health has an outcome project as part of the quality improvement process. Ms. Ruffin expressed her concerns on the reduced funding for single access of care for mental health. This needs to be a priority not only in PHP but also in the Department as a whole. She would like to see part of the increase in revenues go to outreach to monolingual clients.

Commissioner Guy encouraged staff to advocate for their priorities in the budget.

Commissioner Parker encouraged staff to bring concerns to the Department Strategic Planning process.

Jimmy Loyce, Deputy Director of Health, pointed out the need to assess what Department of Public Health can do as opposed to the Department of Public Health doing everything.

Ms. Ruffin will be on medical leave for 5 months. Nancy Presson and Dr. Peter Forester will be in charge of Mental Health during this period.

4) PRESENTATION OF THE CHILDREN, YOUTH AND ADOLESCENTS PROGRAMS, AND COORDINATION OF ALL POPULATION HEALTH AND PREVENTION YOUTH PLANNING PROCESS

Ms. Garcia reported that an internal redesign group will be created to look at managing all of the children and youth programs. An inventory of all existing programs will be done. Looking at data and existing reports on youth needs will also be included. Input from the community and stakeholders will be incorporated.

5) UPDATE ON TRAINING COORDINATION BY THE PLANNING DIVISION

Jessica Wolin, PHP Planning, reported that her division will be coordinating training with these goals in mind:

- Provide staff on what training is available for staff, contractors and community
- Maximize resources with better coordination
- Ensure staff has resources to do training

This will be a group effort, with the creation of an infrastructure for training. Ms. Wolin will include Human Resources and EEO: and she will collaborate with the CHN.

6) PUBLIC HEALTH WEEK ACTIVITIES

Public Health Week is April 3-9, 2000 and will include the following activities:

- Updated overview of the health status in San Francisco
- Series of brown bag lunches sponsored by the Department
- Focus on injury prevention workshops
- Poster contest

Commissioner Parker will be one of the judges for this contest. The art wok will be displayed throughout the Department.

7) OTHER BUSINESS/PUBLIC COMMENTS

Announcements:

The new Director of HIV Prevention Services is Steve Tierney

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The new Director of Substance Abuse is Phyllis Harding.

Ms. Garcia would like to develop an infrastructure for all Proposition G requests from the public.

Mildred Crear announced a Homeless Perinatal Conference on March 7th and an Adolescent Conference in May.

Commissioner Parker would like to plan ahead for the future agendas for JCC-PHP.

The meeting was adjourned at 11:50 a.m.

Sandy Ouye Mori

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Executive Secretary to
the Health Commission

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AGENDA

JOINT CONFERENCE COMMITTEE FOR POPULATION HEALTH AND PREVENTION MEETING

Tuesday, March 28, 2000
10:00 a.m. – Noon
101 Grove Street, Room #220
San Francisco, CA 94102

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Commissioner Harrison Parker, Sr., D.D.S., Chairperson
Commissioner Roma P. Guy, MSW

1) **CALL TO ORDER**

2) **FOR DISCUSSION:** **Director's Report**
(Barbara Garcia, PHP Director)
(Description of activities and operations of Population Health and Prevention Division)

3) **FOR DISCUSSION:** **Population Health and Prevention Organizational Chart Review**
(Barbara Garcia, PHP Director)
*Organizational Chart.

4) **FOR DISCUSSION:** **Fiscal Update for Population Health and Prevention**
(Larry Doyle, PHP, Chief Financial Officer)

5) **FOR DISCUSSION:** **Presentation of the Child Care/Foster Care Program**
(Mildred Crear, Director of Children, Youth and Family Services)
*Report

6) **FOR DISCUSSION:** **Update on National Public Health Week Activities**
(Jessica Wolin, Policy and Planning)
*List of Activities

7) **OTHER BUSINESS/PUBLIC COMMENTS****

* **Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311.**

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MINUTES

JOINT CONFERENCE COMMITTEE FOR POPULATION HEALTH AND PREVENTION

Tuesday, March 28, 2000
10:00 a.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Joint Conference Committee for Population Health and Prevention was called to order by Chairperson Commissioner Harrison Parker, Sr., D.D.S., at 10:05 a.m.

Present: Commissioner Roma P. Guy, M.S.W.
Commissioner Harrison Parker, Sr., D.D.S.

Department of Public Health Staff:

Barbara Garcia
Jimmy Loyce
Phyllis Harding
Larry Doyle
Jessica Wolin
Monique Zmuda
Mildred Crear
Mitch Katz, M.D.

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2) **DIRECTOR'S REPORT**
(Barbara Garcia, PH&P Director)

Ms. Garcia gave program and personnel updates.

Program Updates

Wound Care

PH&P has been involved in a very successful planning effort with the Community Health Network (CHN) to develop and expand would care services. PH&P will be developing community-based services, with potential sites at nee3dle exchange locations and/or drop-in centers. A RFP will be developed for implementation in July.

Ms. Garcia pointed out this program is a good example of collaboration between PH&P and CHN.

Personnel Updates

CMHS

Jo Ruffin will be on leave for the next six months, Nancy Presson will be Acting Director. CMHS staff has worked closely with Jo for the last several months to develop a six-month plan and to delegate responsibilities.

HIV Prevention

Steve Tierney was hired as the new Director of HIV Prevention Services. Steve has a strong background in health services, was the previous Director in San Francisco for HYFY, a youth services program.

PH&P

Charlie Morimoto will be working with PH&P Central Office. Charlie has been working as the Operations Director for CSAS. Charlie will be managing legislative, criminal justice, Prop G and Prop I, as well as assisting with personnel issues.

Ms. Garcia reported that, in consultation with Commissioner Parker, the JCC-PHP will regularly include her report, a fiscal report, along with a program report highlighting the various PHP programs, and potential policy issues which would be recommended to the full Commission.

3) **POPULATION HEALTH AND PREVENTION ORGANIZATIONAL CHART REVIEW**
(Barbara Garcia, PHP Director)

Ms. Garcia presented her Division's Organizational Chart, (Attachment A).

Commissioner Guy pointed out the importance of accountability within the organizational structure. She expressed her concern on reflecting the Department's work with the School District.

Commissioner Parker pointed out each section has its own budget.

4) **UPDATE FOR POPULATION HEALTH AND PREVENTION**
(Larry Doyle, PHP, Chief Financial Officer)

Mr. Doyle presented the PH&P Revenue and Expenditure Report through March 2000. He is projecting a surplus of $6,634,925. Of this amount, $3.8 million is from one-time funding from a Controller's reserve for AB 3632 services to children. The balance of $2.8 million is the surplus derived from this year's operations. Every Division is deficit-free. Divisionwide, both revenues and expenditures were positive. While these figures are still subject to change, Mr. Doyle does not anticipate any material changes.

Mr. Doyle pointed out several ongoing problem areas. PH&P has major revenue shortfalls in public health and mental health children's services. These shortfalls are fully offset by underexpenditures. PH&P also has an ongoing shortfall in Medicare collections. In addition to the problems on the revenue side, PH&P continues to battle a very large salary savings requirement as well as an excessive mandatory fringe benefits budget. While the numbers on the report reflect positively, Mr. Doyle pointed out that these numbers were achieved through a six-month freeze on all hires. Most of the issues for this current year have been remedied somewhat in the budget submission for fiscal year 2000-01. The salary savings requirement still remains a worry for the Division.

Commissioner Guy encouraged the Division to problem-solve for the new direction of the Department.

Commissioner Parker expressed concern on the hiring freeze and its impact on services.

Ms. Garcia reported that internal Division discussions to reflect the direction of the Department are taking place; and that positions to be filled are prioritized.

5) **PRESENTATION OF THE CHILD CARE/FOSTER CARE PROGRAM**
(Mildred Crear, Director of Children, Youth and Family Services)

Ms. Crear presented an overview of the Children, Youth and Family Services and an organizational chart, (Attachment B). The programs include:

- Maternal, Child and Adolescent Health
- Children's Medical Services
- Children's Dental Health Program
- Clinic-based Confidential HIV Testing and Counseling Services
- Ear Diagnostic Center
- Family Planning Services
- Fetal Infant Mortality Review
- HIV Screening and Diagnostic Program
- Perinatal Services
- Sudden Infant Death Syndrome (SIDS)
- Women, Infants and Children Nutrition Program (WIC)

Public Speaker: Charlene Clemens, Chair of the MCAH Community Advisory Board and Director of TAPP, Family Services Agency, thanked the Department for support with TAPP and public health nurses

Commissioners thanked Ms. Crear for her presentation.

6) **UPDATE ON NATIONAL PUBLIC HEALTH WEEK ACTIVITIES**
(Jessica Wolin, Policy and Planning)

Ms. Wolin reviewed the activities for Public Health Week (April 3-7). She displayed the three winning billboard posters of the art contest. There were 50 pieces of artwork submitted by youth. They will be displayed at the Health Commission meeting on April 4th; the three winners of the contest will also be present. The artwork will be displayed throughout the Department.

Commissioner Parker, who was one of the judges for the contest and who initiated this idea, commented that the winning posters are effective and pleasing. He feels there will be a positive return from this investment.

Ms. Wolin gave the Commissioners a draft resolution honoring the young people participating in this contest. Commissioner Parker requested feedback from the other members of the Commission.

Ms. Wolin presented the overview of the Health Status in San Francisco, a report authored by Randy Reiter and Carolyn Lieber. The report will be presented to the Health Commission on April 4th.

Commissioner Guy commented on the importance of the data in the report and encouraged the Department to relook at the format and approach for next year from the perspective of how we live and not just the risk factors. She gave, as an example, the SFGH profile of demographics.

Public Speaker: Neil Gendel encouraged emphasizing the Healthy Start Program for Children.

7) **OTHER BUSINESS/PUBLIC COMMENTS**

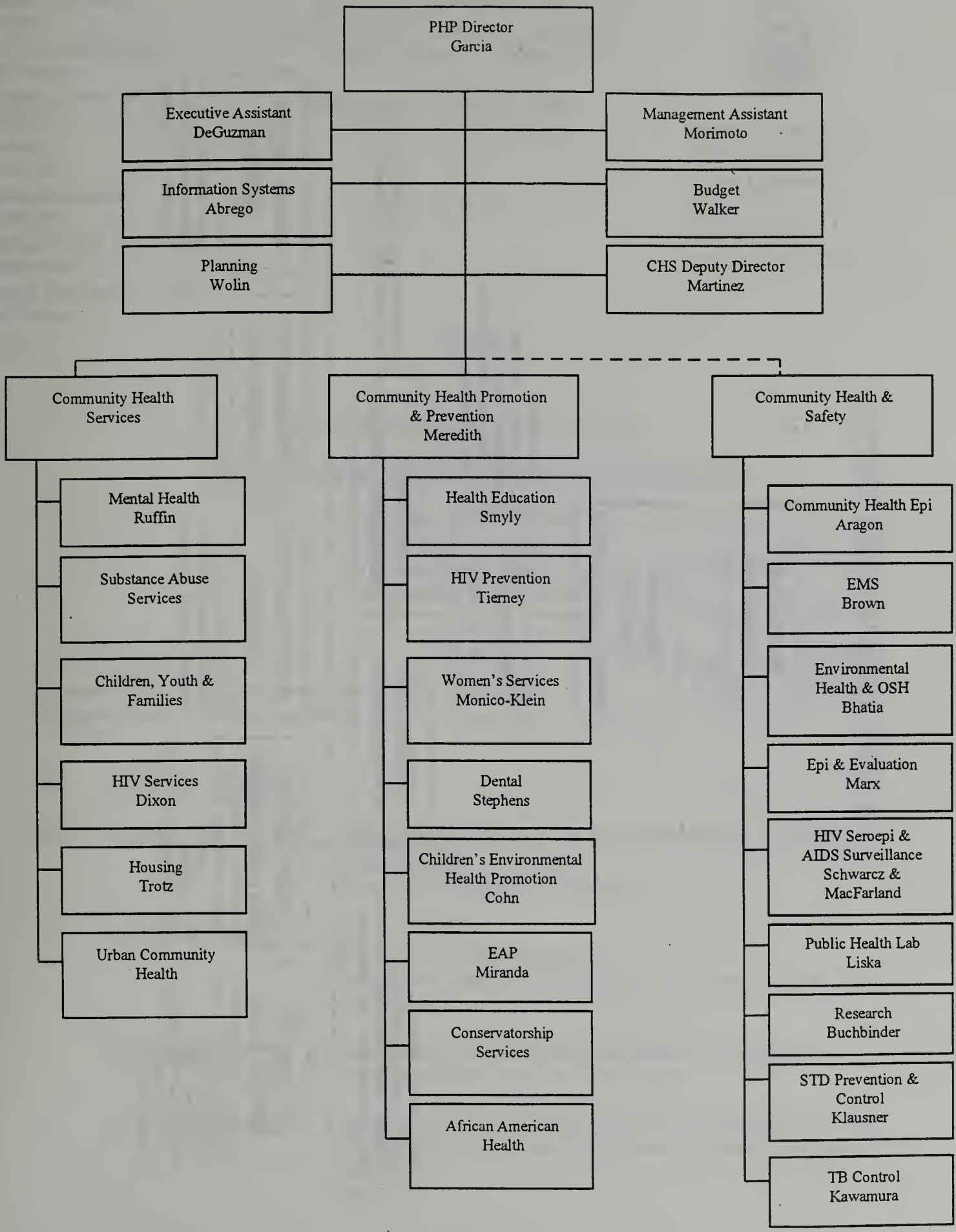
Commissioner Guy requested the following areas to be included for future agenda items: quality assurance for mental health, any emerging policy issues, contracts, PH&P strategic planning, and primary care in the Department's Strategic Plan.

The meeting was adjourned at 12:10 p.m.

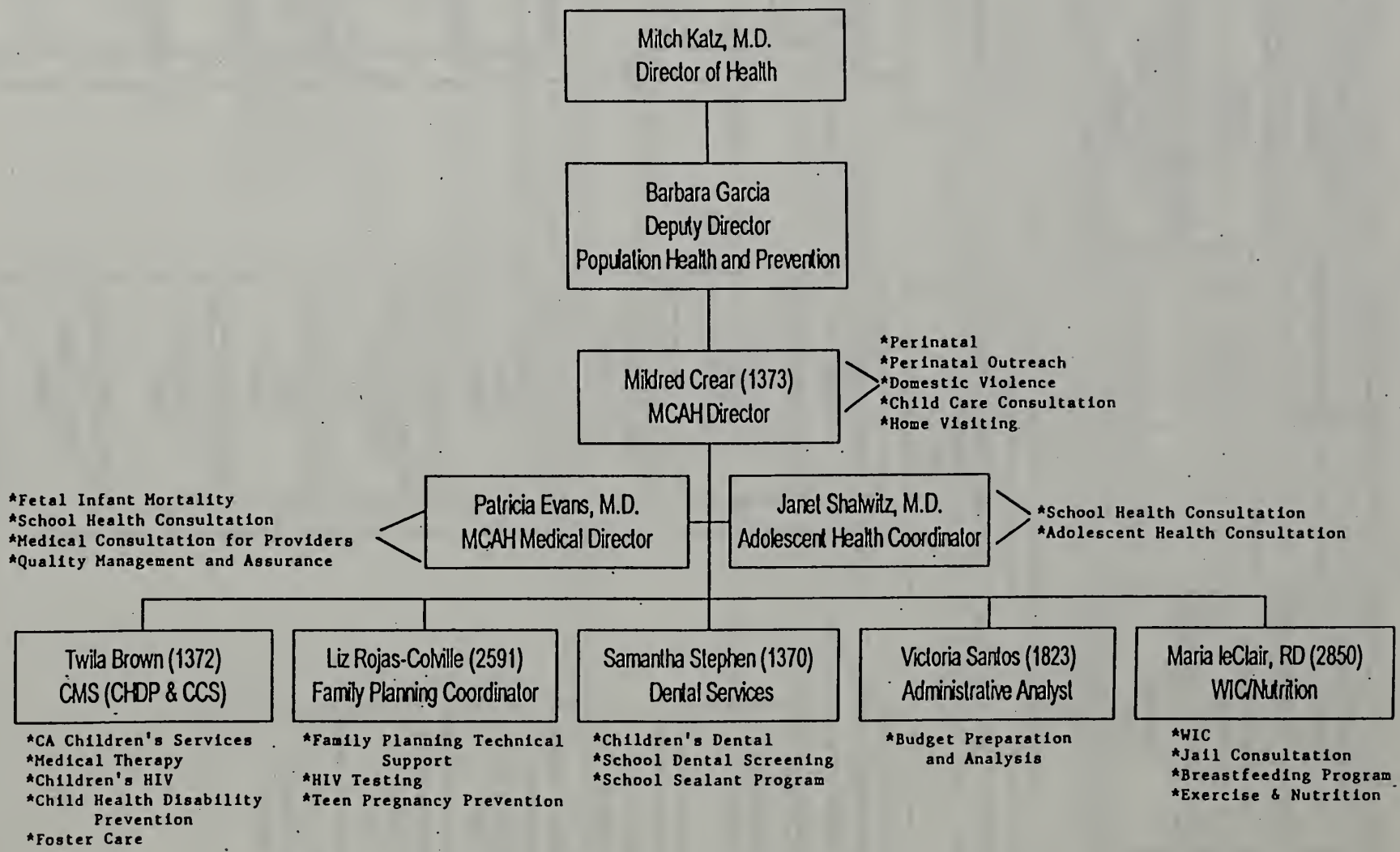
Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (2)


PHP Director
Garcia
Executive Assistant
DeGuzman
Management Assistant
Morimoto
Information Systems
Abrego
Budget
Walker
Planning
Wolin
CHS Deputy Director
Martinez
Community Health
Services
Community Health Promotion
& Prevention
Meredith
Community Health &
Safety
Mental Health
Ruffin
Substance Abuse
Services
Children, Youth &
Families
HIV Services
Dixon
Housing
Trotz
Urban Community
Health
Health Education
Smyly
HIV Prevention
Tierney
Women's Services
Monico-Klein
Dental
Stephens
Children's Environmental
Health Promotion
Cohn
EAP
Miranda
Conservatorship
Services
African American
Health
Community Health Epi
Aragon
EMS
Brown
Environmental
Health & OSH
Bhatia
Epi & Evaluation
Marx
HIV Seroepi &
AIDS Surveillance
Schwarcz &
MacFarland
Public Health Lab
Liska
Research
Buchbinder
STD Prevention &
Control
Klausner
TB Control
Kawamura

CHILDREN, YOUTH AND FAMILY SERVICES



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JOINT CONFERENCE COMMITTEE FOR POPULATION HEALTH AND PREVENTION MEETING

Tuesday, April 25, 2000
10:00 a.m. – Noon
101 Grove Street, Room #220
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Commissioner Harrison Parker, Sr., D.D.S., Chairperson
Commissioner Roma P. Guy, MSW

1) **CALL TO ORDER**

2) **PROPOSED ACTION: APPROVAL OF MINUTES FOR FEBRUARY 22, 2000 and March 28, 2000**
*Minutes for February 22 and March 28

3) **FOR DISCUSSION: Director's Report**
(Barbara Garcia, PHP Director)
(Description of activities and operations of Population Health and Prevention Division)

4) **FOR DISCUSSION: Fiscal Update for Population Health and Prevention**
(Larry Doyle, PHP, Chief Financial Officer)

5) **FOR DISCUSSION: Presentation of the Program, Health Education and Promotion**
(Ginger Smyly, Deputy Director, Community Health Promotion and Prevention)
*Report

6) **FOR DISCUSSION:** **Review of a Harm Reduction Resolution**
(Josh Bamberger, M.D., Medical Director, Urban Community Health)
*Resolution

7) **FOR DISCUSSION:** **Update on School Health Issues**
(Jimmy Loyce, Deputy Director of Health)
*Report.

8) **OTHER BUSINESS/PUBLIC COMMENTS****

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MINUTES

JOINT CONFERENCE COMMITTEE FOR POPULATION HEALTH AND PREVENTION

Tuesday, April 25, 2000
10:00 a.m.
at
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MAY 19 2000

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1) CALL TO ORDER

The regular meeting of the Joint Conference Committee for Population Health and Prevention was called to order by Chairperson Commissioner Harrison Parker, Sr., D.D.S., at 10:05 a.m.

Present: Commissioner Roma P. Guy, M.S.W.
Commissioner Harrison Parker, Sr., D.D.S.

DPH Staff: Barbara Garcia
Jimmy Loyce
Larry Doyle
Dr. Josh Bamberger
Jessica Wolin
Phyllis Harding
Ginger Smyly
Mildred Crear

2) **APPROVAL OF MINUTES FOR FEBRUARY 22 AND MARCH 28, 2000**

Action Taken: The Committee adopted the minutes of February 22 and March 28, 2000.

3) **DIRECTOR'S REPORT** (Barbara Garcia, PHP Director)

Personnel

Reassignment of Civil Service Staff into Grant Funded Positions:
To date a total of six (6) positions have been reassigned from General Fund to grant funded positions since this effort was initiated in January, 2000. The positions are the following:

Class	Title	Reassignment
2587	Health Worker III	From Forensics to AIDS Office
2803	Epidemiologist II	From AIDS Office to CSAS (Currently on leave of absence and not started at CSAS)
2930/31	Psych. Soc. Worker/MFCC	Mental Health General Fund to MH Children's (Projected start on 4/24/00)
2930/31	Psych. Soc. Worker/MFCC	Mental Health General Fund to MH Children's (Projected start on 5/01/00)
2930/31	Psych. Soc. Worker/MFCC	Mental Health General Fund to MH Children's (Projected start on 5/01/00)
2932	Senior Psych. Soc. Worker	Mental Health General Fund to MH Children's (Currently a 2930 and will be promoted to 2932, and 2930 will be frozen in the general fund budget.)

Program Update

American Methadone Treatment Association Conference
April 9-12, 2000, the California Organization of Methadone Providers (COMP) and American Methadone Treatment Association (AMTA) held its "Conference 2000" here in San Francisco at the Hyatt Regency. Major speakers included H. Westley Clark, M.D., Director of the Center for Substance Abuse Treatment (CSAT); Alan Leshner, Ph.D., Director of the National Institute on Drug Abuse (NIDA); and Barry R. McCaffrey, Director of the Office of National Drug Control Policy. During the course of the conference there was participation of speakers and panels, both nationally and internationally recognized.

One of the interactive workshops consisted of a presentation of "San Francisco's Physician Prescription of Methadone Program." The panel consisted of Herminia Palacio, M.D.(DPH); Gavin Newsom (S.F. Board of Supervisors), Barbara Garcia (DPH/PHP), and Alice Gleghorn, Ph.D. (CSAS). It showcased San Francisco's developing effort to increase access to treatment by allowing greater prescribing discretion to physicians.

Injury Prevention: A Public Health Approach

During Public Health Week on April 5, 2000, the Community Health Education Section of the PHP held the "Injury Prevention: A Public Health App roach Conference". Approximately 125 attendees participated in the event. The one-day event consisted of a morning conference session and an afternoon skills-based workshop sessions. The featured keynote speaker for the conference session was Carolyn Fowler, Ph.D., John Hopkins Center for Injury Research and Policy and Director of the Injury Prevention Program for Baltimore County Department of Health. The afternoon workshop sessions focused on current San Francisco issues and targeted those city and community individuals interested in injury prevention efforts. The workshops were: "Finding and Using Data," "Creating Safe Communities," "Community Capacity Building for Injury Prevention," and "Case Study in Advocating for Change."

LBT Women's Health Forum

"The Lesbian, Bisexual Transgendered Women's Health Forum Breaks Down Barriers," says a local headline reporting on the April 7 Lesbian, Bisexual Transgendered Women's Health Forum, which the Department of Public Health sponsored, along with Kaiser Permanente, the University of California, Cal Pacific Medical Center, and others.

The April 7 forum, attended by approximately 300 providers, consumers and advocates, was actually the centerpiece of three days of events, starting with a reception at Kaiser Permanente and finishing with a day dedicated to research at the University of California. The LBT Forum was designed to promote the Institute of Medicine Report on Lesbian Health and to educate providers about the needs of their LBT clients. Breakout panels focused upon making healthcare accessible, sensitive and sophisticated for LBT patients and to assist providers in becoming more aware and more comfortable discussing LBT health issues with their clients and patients. A draft "Standards of Care" was distributed for feedback and will be edited and presented to the Health Commission for consideration.

California State Task Force on Homelessness

John Burton, Senate President pro Tempore; and Ross Johnson, Senate Minority Leader, appointed Barbara Garcia to the California State Task Force on Homelessness. The Task Force on Homelessness is a statewide effort to seek comprehensive solutions that reduce the number of homeless and ways to prevent new groups of individuals from becoming part of the homeless population. The Task Force will meet a maximum of twice a month through July 2000.

Emerging Issues

Homeless Coordinating Committee

The Homeless Coordinating Committee was formed to coordinate the DPH planning and service efforts to the homeless population. The purpose of the committee is to improve access to, and quality of, DPH services for the homeless population. Its goals will be to educate members about current services and initiatives, ensure intradepartmental coordination, identify gaps in services and potential areas for integration, and ensure input to state and citywide planning efforts. Anne Kronenberg is facilitating this committee. The PHP will be developing formal discussions within the division, which will feed into this committee.

Families in Single Room Occupancy (SRO's)

In January 2000 the Families in SROs Workgroup was formed to address the issues related to this population. The workgroup consists of interdepartmental staff, providers, advocates, and residents. In February, major problems for this target population was identified. The workgroup goals include the identification of opportunities to improve habitability and quality of life, the development of

options for exit to stable housing, and the development of policies and program recommendations for the citywide SRO Task Force to review.

Quality Assurance

Contracts
PH&P is currently analyzing provider contracts to determine those contracts that have had multiple performance or contract requirement issues. PH&P will examine each of these providers on an individual basis to determine next steps of corrective actions and assist in earlier intervention. PH&P will analyze unit costs for various services and will attempt to standardize the unit costs for similar services.

Lyon Martin
Lyon Martin has continued to make progress on their corrective action plan. The areas that they are focusing are:

- Executive Director Recruitment
- Medi-Cal Billing
- Board of Director Development
- Quality Assurance

TB Infection Control in Shelters
TB Infection Control has been working with the shelters to assure TB prevention. Policies and procedures have been developed and were available for the Commissioners.

President Guy suggested the lesbian health protocols go to the full Commission in August after going to the JCC-PH&P.

4) **FISCAL UPDATE FOR POPULATION HEALTH AND PREVENTION**
(Larry Doyle, PHP, Chief Financial Officer)

Commissioner Guy acknowledged the PHP sacrifice and leadership on the Department budget. Ms. Garcia reported that she will have follow-up meetings with PHP staff in order to ensure communication with line staff.

Mr. Doyle presented the PHP Revenue and Expenditures Report through April 2000. Operationally, PHP is showing no significant variance from the March report. However, as was reported at the last Committee meeting by Dr. Katz, the Controller has released an additional $4.2 million in SB 90 funding for services rendered in 1997-98. This was the reason the Department was able to reduce the San Francisco General Hospital supplemental appropriations request from $14.2 million to $10 million.

This additional influx of revenue leaves PHP with a projected surplus of $10,893,264 through April. Of this surplus, approximately $2.1 million comes from operations. PHP now has included in its surplus figure $8 million of prior year SB 90 funding plus an additional $800,000 of realignment over what was anticipated.

A breakdown of the operation surplus shows a $2.5 million surplus on the expenditure side and approximately $400,000 deficit on the revenue side. The two main causes of this revenue deficit are the Public Health Children's Services and Mental Health Medicare. On the expenditure side, PHP has exceeded the salary savings target by $300,000 and has unexpended balances in

contractual services and materials and supplies in the amount of $2.2 million. While PHP is aware that these funds could have gone toward additional services, PHP must keep in mind that these expenditure levels indicate PHP will expend 99% of its budget. Given the mandate "to live within our budget", Mr. Doyle wouldn't feel it fiscally prudent to cut it much closer.

5) **PRESENTATION OF THE PROGRAM, HEALTH EDUCATION AND PROMOTION**
(Ginger Smyly, Deputy Director, Community Health Promotion and Prevention)

Ms. Smyly gave an overview of the Health Education and Promotion section by reviewing the organizational chart, the responsibilities and goals, and description of the program.

Ms. Smyly reviewed the areas of potential growth in primary care prevention to be:

(1) Injury prevention, violence prevention, child injury prevention
(2) Training of professionals and employees; organizing conferences on community issues
(3) Relations with public health academic institutions
(4) Healthy youth development
(5) Parental education and support
(6) Use of technology for health information and promotion
(7) Looking at ethnic racial disparities; develop cultural competence and skills
(8) Work with Medi-Cal managed care plans to fulfill health education requirements.

Ms. Smyly indicated the assets of Health Education and Promotion are good theory, good practice and credibility, excellent data, interested and motivated community people, excellent relationships with other entities and the community, and motivated, competent staff.

She outlined the barriers to be lack of evaluation based on up-to-date needs, weak infrastructure, and budget issues.

Commissioner Guy expressed her support for child injury prevention and the Community Health Education section being a separate area.

Jessica Wolin, Director of PHP Planning, observes Ms. Smyly's staff taking direction seriously and stepping up to the plate.

Commissioner Parker pointed out the need for confidentiality in technology and the costs associated with security measures.

The Commissioners thanked Ms. Smyly for a comprehensive presentation.

6) **REVIEW OF HARM REDUCTION RESOLUTION**
(Josh Bamberger, M.D., Medical Director, Urban Community Health)

Dr. Bamberger introduced a draft of a proposed resolution on harm reduction (Attachment A). This resolution would be the Department's policy on harm reduction. The philosophy is to treat people with respect, to treat and interact with clients, and to meet them where they are. He will be getting feedback and input from the stakeholders (i.e. providers, community advocates, advisory board

members, Department staff) and will bring a revised resolution back to the JCC-PHP in late May, and the full Commission in June.

Commissioner Guy suggested the resolution be broad with supporting documents.

7) **UPDATE ON SCHOOL HEALTH ISSUES**
(Jimmy Loyce, Deputy Director of Health)

Jimmy Loyce, Deputy Director of Health, introduced Sally Chow, Associate Superintendent of the San Francisco Unified School District, (SFUSD); and Nani Coloretti, Director of Budget and Planning for the Department of Children, Youth and Their Families (DCYF). The three entities, DPH, SFUSD, and DCYF, are collaborating on two School-Based Wellness Centers (Attachment B). DCYF is the lead agency. Both representatives from SFUSD and DCYF expressed their strong support for the collaboration. Mr. Loyce, Ms. Chow, and Deborah Alvarez-Rodriguez, Director of DCYF, will be the oversight group for implementation and operations. They will explore linkages, fiscal sustainability, develop feedback and communication lines, collect data on outcomes and satisfaction from consumers.

Commissioner Parker acknowledged the one-year commitment, with continued general fund dollars and development of the school sites.

Ms. Garcia emphasized the importance of linking community services to the school campuses.

Commissioner Guy supported students being a part of the stakeholders' survey, trying to respond to adolescent health, and developing valid ways to be accountable to the taxpayers.

After the School Health Project goes through the Board of Supervisors' process, an update will be given to the JCC-PHP.

Commissioners thanked everyone for their work on this collaboration.

8) **OTHER BUSINESS/PUBLIC COMMENTS**

None.

The meeting was adjourned at 12:10 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (2)

Draft **Item # 6**

Harm Reduction

WHEREAS, the San Francisco Department of Public Health seeks to reduce adverse health effects to individuals, to individuals' families and to the broader community through legal and compassionate interventions; and

WHEREAS, the Harm Reduction model of health care, offers multiple approaches to assist clients to move toward better health; and

WHEREAS, the Harm Reduction model attempts to reach clients in the clients' environments to assist the clients in making choices leading toward better health; and,

WHEREAS, deaths in the City and County of San Francisco due to injection drug overdoses reached 180 in 1999- the third leading cause of lost years of life; and,

WHEREAS, 95% of injection drug users are infected with Hepatitis C and 16 % are infected with HIV; and

WHEREAS, 90% of new cases of HIV in San Francisco are among men who have sex with men; and

WHEREAS, soft tissue infection is the leading diagnosis at San Francisco General Hospital, leading to 1400 inpatient admissions in 1999 costing $18,000,000, seventy percent of which patients were uninsured; and

WHEREAS, needle exchange, a Harm Reduction program, has proven to decrease further HIV and Hepatitis C infections by providing clients with clean needles with which to inject; and,

WHEREAS, outreach services encourage hidden populations to seek care for health and substance use concerns; and,

WHEREAS, practicing safer sex reduces the likelihood of transmission of sexually transmitted diseases including HIV; and,

WHEREAS, abstinence based programs are successful for some, but not all individuals; and

WHEREAS, recovery from substance use, practicing safer sex and improving health status takes place in an incremental manner be it

RESOLVED, that all agencies contracting with the San Francisco Department of Public Health shall address in the contract how Harm Reduction treatment options are provided by the agency; and be it

FURTHER RESOLVED, that each division within the Department of Public Health shall determine the manner of Harm Reduction appropriate for the specific division and shall include those guidelines in all programs.

SCHOOL-BASED HEALTH WELLNESS CENTERS: BACKGROUND, PROGRAM DESCRIPTION AND FINANCING

BACKGROUND

Research shows that school-based and school-linked health services play an important role in improving the health and well being of youth when linked to other health services. Recent efforts by advocacy groups and the Citywide School Health Planning Committee[1] identified the top priorities for adolescent health. These priorities are: mental health services; substance abuse prevention and treatment services; reproductive health services; physical health services, and linkage to other community-based services. In FY 1999-2000, the Department of Children, Youth and Families budget allocates $550,000 in combined special and general funds to finance school health services.

In August of 1999, a School Health Task Force was created to develop a proposal on how to best implement school-based and school-linked services using $550,000. The task force proposed a model for 2 Wellness Centers at 2 select high schools, Abraham Lincoln and Galileo. The Wellness Center model:

- ✓ Focuses on serving high schools
- ✓ Is grounded in existing services in schools and communities,
- ✓ Is reflective of an integrative approach;
- ✓ Is sustainable;
- ✓ Provides for accountability across systems, and
- ✓ Focuses on youth health outcomes.

The two sites will balance the need for school site operation and implementation with policy and program oversight. Both sites will leverage current and future resources to sustain the initial pilot program funding.

This document describes the details of the Wellness Centers at Abraham Lincoln High School and Galileo High School in three parts:

1. Program Description. This includes site-specific details and a description of the program model used at both schools.
2. Budget for $550,000 in DCYF funding and an additional $206,846 in SFUSD funding
3. Budget Narrative

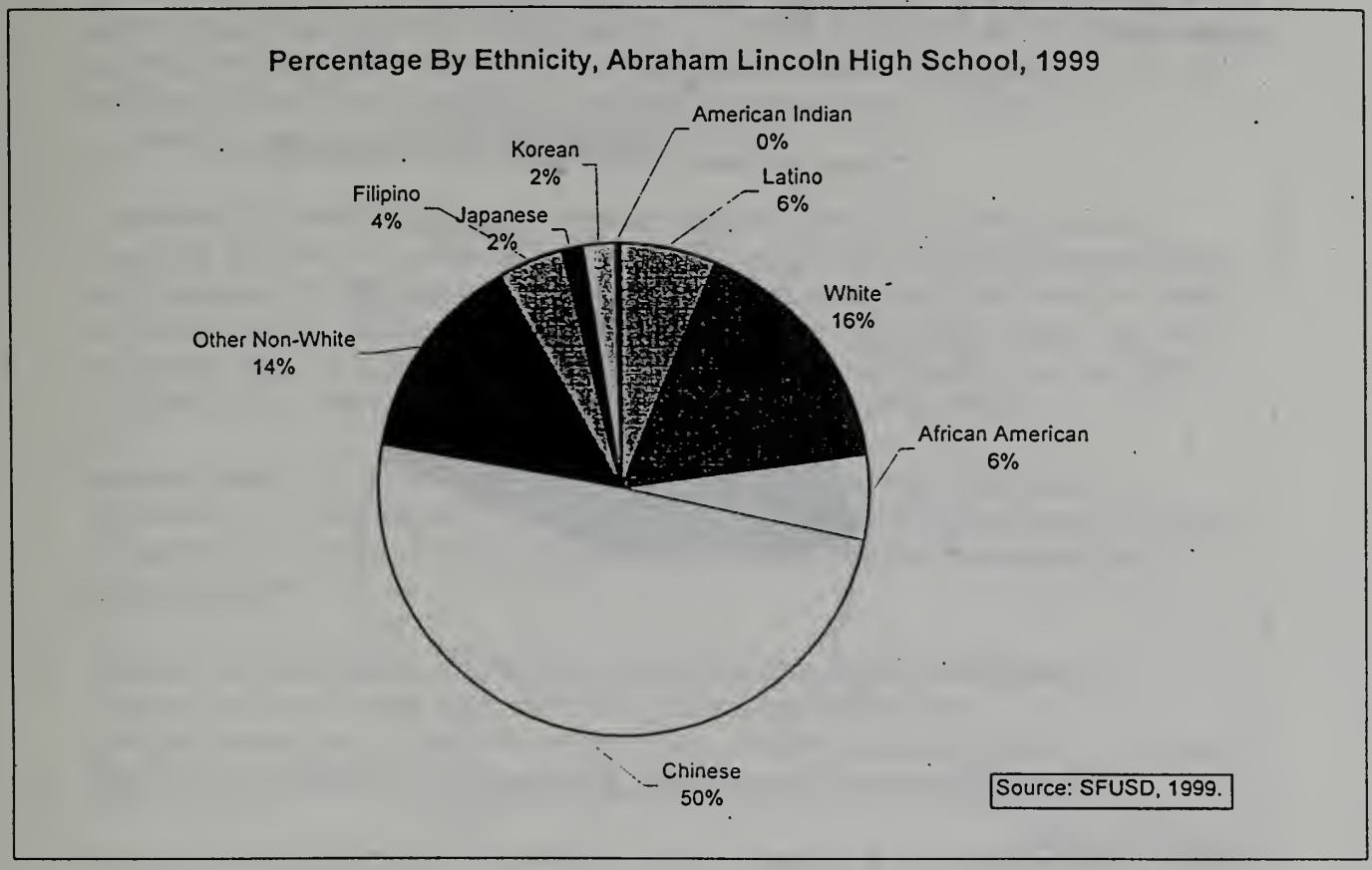
EXISTING PROGRAMS AT SELECTED HIGH SCHOOL SITES

Abraham Lincoln High School

Abraham Lincoln High School serves 2,453 students and is located in the Sunset District. The school demographics are as follows: 22% Limited English Proficiency (LEP) and Non-English Proficient (NEP), 30% Economically Disadvantaged Youth (EDY), and 24% Free/Reduced Lunch. Lincoln's graduation rate is 91%. Lincoln's

[1] The Citywide School Health Planning Committee meets quarterly and is convened by the Department of Public Health and the San Francisco Unified School District. The Committee includes, among others, the Department of Children, Youth and Their Families, other City agencies and representatives from the community.

student ethnic representation is: Chinese 50%, White 16%, Other Non-White 14%, Latino 6%, African American 6%, Filipino 4%, Japanese 2%, Korean 2% and American Indian 0.4%. (On chart, below, totals are rounded to the nearest percent)



Abraham Lincoln High School Wellness Center
Staff and students at Lincoln High School have identified site coordination and mental health services as their priority health service needs. This school site will build upon its successful Health Promotion Committee by adding on-site mental health, prevention, counseling and treatment services.

In addition, the Lincoln Wellness Center will provide physical health services through the School Health Programs Department School Health Center (SHC), a full-service clinic located across the street. Students at Lincoln High will be allowed to access the SHC for physical exams and sports physicals. This is an attractive partnership for Lincoln, since space is limited.

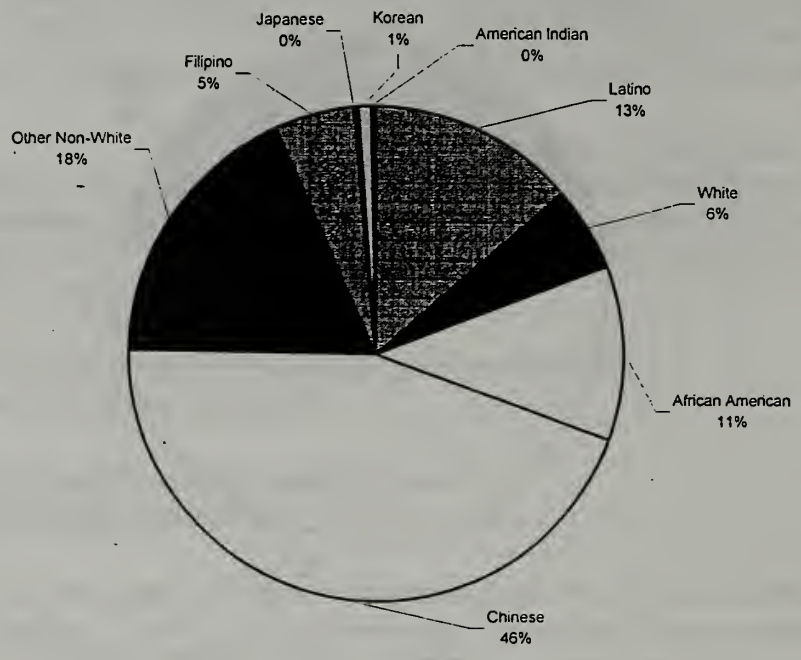
It is anticipated that a minimum of 10% or 245 students per month will receive/access programs/services at the school site.

Galileo Academy of Science and Technology
Galileo has a student enrollment of 1,843, and is located in the northwest section of San Francisco. The demographic representation of the population is 37% LEP/NEP, 46.4% EDY, and 37% Free/Reduced Lunch. Galileo's graduation rate is 87.7%.

Galileo's student ethnic representation is: Chinese 45%, Other Non-White 18%, Latino 13%, African American 11%, White 6%, Filipino 5%, Japanese 0.3%, Korean 0.8% and American Indian 0.3% (On chart, below, totals are rounded to the nearest percent).

It is anticipated that a minimum of 15% or 276 students per month will receive/access programs/services at the school site.

Percentage By Ethnicity,
Galileo Academy of Science & Technology,1999



Source: SFUSD, 1999.

Galileo Wellness Center

Students and staff at Galileo have identified coordination and integration of health services and physical health assessment clinic services as their primary health needs. The Galileo Wellness Center builds upon its successful Health Promotion Committee as well as its multitude of community resources, programs and services currently collaborating with the site.

Currently, services at Galileo High School include the Galileo Adolescent Program (GAP), on-site mental health provided by the San Francisco Department of Public Health (SFDPH) and in partnership with Chinatown/North Beach mental health services. The Galileo Wellness Center will coordinate with these services as well.

Model for Wellness Centers: Using the Student Assistance Program (SAP)

The Student Assistance Program (SAP) is a "learning support" umbrella structure at the school that develops and monitors programs and linkages that enhance prevention and intervention efforts contributing to student success. The purpose of a SAP is early identification, assessment and referral, support and service coordination for students experiencing academic, health, attendance or behavior problems that impact on school success. The SAP will serve as the site umbrella ensuring that case management is

conducted, resources identified and interventions completed. Additionally, students will self identify their needs/desire for programs/service by completing a referral form.

Each site will have the following staff and functions:

- **Site Coordinator:** Manages and coordinates staff and school-linked services at each school site. The Site Coordinator will interview the student and triage them to the provider(s) who can meet their need; will maintain daily records insuring that the SFUSD has adequate documentation and records to allow the maximization of revenue reimbursement.

- **Community Health Worker:** Helps with school-linked and school-based services and with records and billing. The Community Health Worker will make appointments for students; insure the students connect with the provider; help students identify resources within the community to meet their needs; and will maintain daily records insuring that the SFUSD has adequate documentation and records to allow the maximization of revenue reimbursement.

- **Mental Health Provider:** Provides counseling, therapeutic and crisis intervention. The mental health provider will meet with individuals and groups of students, and will coordinate with the mental health and substance abuse contractors.

- **School District Nurse (SDN):** Conducts general triage, assessment, counseling, and health education and prevention skill building programs/services. The SDN will provide in-depth case management and assist the Site Coordinator in implementing the Student Assistance Program.

- **Nurse Practitioner (NP):** Conducts CHDP physical exams (Medi-Cal), physical exams, and sports physicals. The NP will consult with the Medical Provider on necessary cases and ensure that a "medical home" is identified for each student she or he sees.

- **Substance Abuse Counselor:** Provides individual and group education, counseling and treatment for students. The Substance Abuse Counselor will work with school site staff and parents to better understand the complexity of substance abuse and treatment.

The School Health Programs Department will work in collaboration with the SAP, Site Coordinator, the School District Nurse, and SFDPH direct and in-kind resources to insure that the Wellness Center is meeting the needs of the students.

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH IN-KIND RESOURCES

SFUSD will coordinate with SFDPH to ensure linkages between wellness center services and SFDPH services. These school-linked resources do not appear explicitly on the budget[2]. A summary of in-kind services is as follows:

[2] Note that SFDPH mental health, substance abuse, and medical consultation services are quantified on the budget.

Lincoln High School

- Primary care services (sensitive and non-sensitive) at Hip Hop Teen Clinic and Ocean Park Health Center
- Mental health services at OMI Family Center, and at Hip Hop Teen Clinic
- HIV/STD outreach and screening services at Maxine Hall Health Center (with possible arrangements for on-site services)
- Substance abuse support groups at Hip Hop Teen Clinic

Galileo High School

- Primary care services (sensitive and non-sensitive) at Chinatown Public Health Center
- Mental health services on-site through the Galileo Adolescent Program (GAP) and off-site at Chinatown North Beach Mental Health Services
- HIV/STD outreach and screening services from Maxine Hall Health Center (with possible arrangements for on-site services)

For Both Sites

Additional teen-oriented primary care services are available through SFDPH, but are less geographically accessible. These sites include:

- Cole Street Youth Clinic
- Teen Clinic at Maxine Hall Health Center
- Teen Clinic at Castro-Mission Health Center
- Hawkins Village Clinic (in Visitation Valley)
- Balboa Teen Health Center (at Balboa High School)
- Adolescent Clinic at San Francisco General Hospital

Family planning services are also available at various SFDPH primary care sites.

The attached budget will detail the funding for each function and staff.

SFUSD Wellness Centers - At Lincoln and Galileo High Schools
Budget - Year One (By Site; By Funding Source)

No.		Lincoln High School			Galileo High School			TOTAL	
		DCYF (to SFUSD)	DCYF (to SFDPH)	SFUSD (In-Kind)	DCYF (to SFUSD)	DCYF (to SFDPH)	SFUSD (In-Kind)	DCYF Funds	SFUSD (In-Kind)
	Personnel								
1)	Health Promotion Committee			$3,500			$3,500	$0	$7,000
2)	School District Nurse	$11,000		$33,000	$11,000		$33,000	$22,000	$66,000
3)	Peer Resource Coordinator			$35,000			$35,000	$0	$70,000
4)	Professional Development			$15,048			$15,048	$0	$30,096
5)	School Health Center			$20,000				$0	$20,000
6)	Medical Consultant		$27,500			$27,500		$55,000	$0
7)	Site Coordinator	$55,000			$41,250		$13,750	$96,250	$13,750
8)	Community Health Worker	$45,000			$45,000			$90,000	$0
9)	Nurse Practitioner	$22,500			$22,500			$45,000	$0
10)	Mental Health Counselor	$60,000			$60,000			$120,000	$0
	Subtotal, Personnel	**$193,500**	**$27,500**	**$106,548**	**$179,750**	**$27,500**	**$100,298**	**$428,250**	**$206,846**
	Personnel - Contracts								
11)	Mental Health Counselor		$51,975					$51,975	$0
12)	Substance Abuse Counselor		$27,500					$27,500	$0
	Subtotal, Personnel - Contracts	**$0**	**$79,475**	**$0**	**$0**	**$0**	**$0**	**$79,475**	**$0**
	Operating Expenses								
13)	Office Equipment/Supplies	$10,900			$10,900			$21,800	$0
14)	Medical Equipment/Supplies	$3,200			$11,500			$14,700	$0
15)	Other Operating Expenses	$2,575			$3,200			$5,775	$0
	Subtotal, Operating Expenses	**$16,675**	**$0**	**$0**	**$25,600**	**$0**	**$0**	**$42,275**	**$0**
	TOTAL	**$210,175**	**$106,975**	**$106,548**	**$205,350**	**$27,500**	**$100,298**	**$550,000**	**$206,846**

Detail for Supplies

Lincoln	Total
Computer, PC	$3,000
Computer, Laptop	$3,000
Printer	$600
Facsimile machine	$400
Office Supplies	$3,900
Total, Office Equipment/Supplies	**$10,900**
Audiometer	$1,200
Blood Pressure/Stethoscope	$400
Otoscope	$1,000
Locked Cabinet	$300
Locked File Cabinet	$300
Total, Medical Equipment/Supplies	**$3,200**
Health Ed. Materials/Supplies	$2,400
Biohazard Permits	$175
Total, Other Operating Expenses	**$2,575**
Total Operating Expenses, Lincoln	**$16,675**

Galileo	Total
Computer, PC	$3,000
Computer, Laptop	$3,000
Printer	$600
Facsimile machine	$400
Office Supplies	$3,900
Total, Office Equipment/Supplies	**$10,900**
Audiometer	$1,200
Blood Pressure/Stethoscope	$400
Otoscope	$1,000
Locked Cabinet	$300
Locked File Cabinet	$300
Exam Table	$5,000
Refrigerators x 2	$800
Microscope	$2,500
Total, Medical Equipment/Supplies	**$11,500**
Health Ed. Materials/Supplies	$2,400
Biohazard Permits	$175
Courier Services	$625
Total, Other Operating Expenses	**$3,200**
Total Operating Expenses, Galileo	**$25,600**

BUDGET NARRATIVE FOR WELLNESS CENTERS

The following descriptions match to the numbers for each row on the budget for the SFUSD Wellness Centers at Lincoln and Galileo High Schools. Note that the dollar figures vary slightly by school depending on the resources available to each school. For example, where SFUSD resources are available, DCYF resources are reduced to wrap-around the SFUSD resources.

Personnel

1) **The Heath Promotion Committee** (HPC) is responsible for the integration, coordination and expansion of health programs/services at individual school sites. The HPC will provide advice, recommendations and direction to the staff at the Wellness Center. This committee provides a direct link to the student population, advising both the student leadership representatives and the centers.
2) **The School District Nurse** will be on site 4 days/week providing direct contact with students. She or he will conduct physical assessments; interview students to assess their needs and will provide health education. The nurse will also make presentations to individuals, classrooms and other groups on a variety of health and wellness topics.
3) **The Peer Resource Coordinator** will be on site full-time to provide guidance and education to peer tutors, and to conduct education, prevention and intervention programs.
4) **Professional Development** will be provided to the whole school staff on a variety of topics determined by the Safe School/Healthy Student Initiative Program and based on the site's needs. Potential topics include the Student Assistance Program, Conflict Management, Substance Abuse Prevention, and Violence Prevention.
5) **The School Health Center** (SHC) is part of School Health Programs Department, and is available to all schools, but will be an integral part of the Lincoln High School Wellness Center. The SHC will provide physicals for students participating in sports and extended physical exams, which include: history/physical health assessment, urine dipstick, hematocrit/Hgb, and Mantoux tuberculin test and immunization updates.
6) **The Medical Consultant-Adolescent Provider** will be a collaboration with the Department of Public Health to provide protocols, review procedures, consult on cases and deliver professional development to Wellness Center staff and school site staff.
7) **The Site Coordinator** will be responsible for the overall school site coordination and program implementation. She or he will work with SHPD staff to assure implementation, alignment and collaboration of programs and services, and is responsible for implementing established Medi-Cal, EPSDT and Short-Doyle billing process. The Site Coordinator will oversee the Student Assistance Program at each site, which will serve as the case management system within each site.
8) **The Community Health Worker** will be on site full time, conducting day-to-day operations such as billing, establish appointments, follow-up on referrals and scheduling services to come on site. He or she will outreach to families and will ensure that students link with outside providers. Note that SFUSD will share the cost of the Community Health Worker at Galileo High School.

9) **The Nurse Practitioner** (NP) will conduct physical exams/assessments and sports physical exams (sports physicals, as well as extended physical exams, which include: history/physical health assessment, urine dipstick, hematocrit/Hgb, Mantoux tuberculin test and update immunizations). The NP will be on site one day/week.

10) **The Mental Health Provider** will be on site full time to address the mental health needs of the population, and will serve as preceptors or clinical supervisors for interns working within the school.

Contract Services

These services will be provided to the Lincoln High School through DPH contracts. As noted below, Galileo currently has well-established services on-site for mental health and substance abuse. In order to ensure that each school will have access to school based and school linked mental health and substance abuse services, resources will be targeted to Lincoln High School, where these services are currently not linked or available at the school.

The amounts will support the following:

11) **Mental Health Provider.** An additional 1.0 FTE clinician is included in this budget. Lincoln High School has 600 students more than Galileo and it has fewer resources. This provider will do individual and group mental health support to the student population. They will also assist in intern supervision/precepting.

12) **The Substance Abuse Counselor** will be a 0.5 FTE position, to provide individual and group education, counseling and intervention treatments to students considering or currently using substances.

Operating Expenses

Operating Expense detail is included on the second spreadsheet, an attachment to the budget. Note that Lincoln High School will receive $16,675 for operating expenses and Galileo High School will receive $25,600. We have provided a brief narrative for each category and will note where there are differences.

13) **Office Equipment/Supplies**

For both sites, this amount covers a personal and laptop computer, a printer, a fax machine and offices supplies.

- The Site Coordinator, School District Nurse, Mental Health Provider, Community Health Worker and the Nurse Practitioner will utilize computers PC and Laptop, Printer and FAX. These are necessary for the day-to-day operations of the Wellness Center.
- Paper, envelopes, pencils, pens, stamps, general equipment/material necessary for general office functioning

14) **Medical Equipment/Supplies**

For both sites, this amount covers an Audiometer, Blood Pressure/Stethoscope, Otoscope, and two locked cabinets.

- BP/Stethoscope is utilized in the physical assessments
- Otoscope is used in the physical exam/assessment
- Locked files/cabinets are to insure confidentiality and safety of equipment

Additionally, Galileo will require an exam table, two refrigerators, and a microscope. These items are already located at Lincoln.

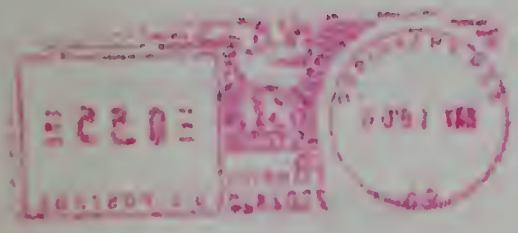
- An Exam table is required to conduct a comprehensive physical exam
- 2 Refrigerators are required for storing biological supplies (vaccines etc) and specimens/samples.
- Microscope is required to view samples and complete the diagnosis.

15) **Other Operating Expenses**

Both sites will require a budget for health education materials and biohazard permits.

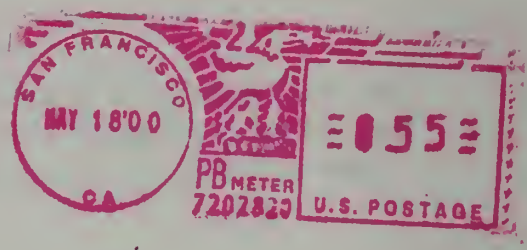
- Health Education Materials/Supplies will enhance current health curriculum material. This material will be pamphlets, brochures, videos, games and student incentives used to entice students to participate in programs.
- Biohazard permits are necessary to keep any materials on site such as needles used to give immunizations

Additionally, Galileo will require courier services to transport specimens to the lab.



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23/00

AGENDA

JOINT CONFERENCE COMMITTEE FOR POPULATION HEALTH AND PREVENTION MEETING

Tuesday, May 23, 2000
10:00 a.m. – Noon
101 Grove Street, Room #220
San Francisco, CA 94102

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Commissioner Harrison Parker, Sr., D.D.S., Chairperson
Commissioner Roma P. Guy, MSW

1) **CALL TO ORDER**

2) **PROPOSED ACTION: APPROVAL OF MINUTES FOR APRIL 25, 2000**
**Minutes for April 25*

3) **FOR DISCUSSION: PRESENTATION OF THE PHP COMPLIANCE PLAN**
(Monique Zmuda, CFO)
**Report and Resolution*

4) **FOR DISCUSSION: DIRECTOR'S REPORT**
(Barbara Garcia, PHP Director)
(Description of activities and operations of Population Health and Prevention Division)

5) **FOR DISCUSSION: PRESENTATION OF THE PROGRAM: CALWORKS**
(Maria Martinez, Deputy Director, Population Health and Prevention)
**Report*

6) **FOR DISCUSSION: FISCAL UPDATE FOR POPULATION HEALTH AND PREVENTION**
(Larry Doyle, PHP, Chief Financial Officer)

7) **OTHER BUSINESS/PUBLIC COMMENTS****

* **Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311.**

** **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

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MINUTES

JOINT CONFERENCE COMMITTEE FOR POPULATION HEALTH AND PREVENTION

Tuesday, May 23, 2000
10:00 a.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Joint Conference Committee for Population Health and Prevention was called to order by Chairperson Commissioner Harrison Parker, Sr., D.D.S., at 10:02 a.m.

Present: Commissioner Roma P. Guy, M.S.W.
Commissioner Harrison Parker, Sr., D.D.S.

DPH Staff: Barbara Garcia, Larry Doyle, Jessica Wolin, Monique Zmuda, Larry Meredith, Cynthia Bautista, Maria Martinez, Jimmy Loyce, and Mildred Crear

2) APPROVAL OF MINUTES OF APRIL 25, 2000

Action Taken: The Committee adopted the minutes of April 25, 2000.

3) PRESENTATION OF THE PHP COMPLIANCE PLAN
(Monique Zmuda, CFO)

Monique Zmuda, Chief Finance Officer, and Cynthia Bautista, PHP Compliance Officer, presented the PHP Compliance Plan and a draft of a proposed resolution amending Health Commission Resolution #29-98 to include PHP, Central Administration, and the CHN in a departmentwide compliance policy. The proposed resolution is calendared for the June 6, 2000 Health Commission meeting. For this meeting, presentation of the PHP Compliance Plan, an update on the CHN Compliance Plan, and a proposed resolution will be given.

Ms. Bautista gave the overview of the PHP Compliance Plan, which included:

- What is a Compliance Program?
- Benefits to Population Health and Prevention
- The History Behind Compliance Programs
- Elements of Population Health and Prevention's Compliance Plan
- What Have we Accomplished?
- Next Steps

The elements of PHP's Compliance Plan include:

- Leadership Commitment
- Written Standards of Conduct
- Education and Training
- Enforcement of Standards Through Disciplinary Guidelines
- Effective Lines of Communication, Including a Process for Reporting Violations
- Timely Response to Detected Violations and Development of Corrective Action
- Internal Monitoring and Auditing

Commissioner Guy emphasized the importance of open communication and education and training for staff. The intent of a Compliance Program is not to undermine managers but to encourage self-discovery, cooperation, and ongoing improvement and prevention efforts.

4) DIRECTOR'S REPORT
(Barbara Garcia, PHP Director)

Personnel

PHP Hiring Plan
Now that the budget is further along in the annual process, Ms. Garcia has requested from each section director of the PHP to prepare a hiring plan. She will be reviewing these plans with each of the directors, along with Larry Doyle, PHP CFO.

Program Update

Senate Bipartisan Task Force

As part of the State Homeless Committee, several proposals were put forward for the State budget. Although the longevity of this Committee is not clear, the Committee will still be asked to participate in the development of some housing bonds and initiatives for legislative review

Overdose Prevention Media Campaign

Public Health experts from around the world have begun to focus on simple measures associated with the provision of information that can greatly reduce heroin overdose deaths. Communicating basic health information to drug users can avert much death and disease. Better World Advertising (BWA) will produce a health communication/social marketing campaign, aimed at reducing heroin overdose deaths in San Francisco. The purpose of the media campaign is to create and develop a community and educational health approach, and provide prevention messages regarding how to reduce harm and prevention of heroin overdose among active drug users. Members of the Heroin Subcommittee of the Treatment on Demand Council and DPH staff will work with Better World Advertising to develop the campaign. Focus groups with heroin users, service providers and others will be a critical part of the campaign development.

Shelter Goals/Objectives

During this past year, the Mayor's Office, Department of Human Services, and the Department. of Public Health have been having interdepartmental meetings to discuss homeless issues and services approaches. These discussions are now taking place at several levels. The Treasure Island meetings consist of policy level discussions between the departments, which Anne Kronenberg and Ms. Garcia have represented DPH. The Pathways group is the interdepartmental meeting of managers, which includes not only Anne and Ms. Garcia from DPH, but also several managers, addressing homeless services from the various sections. This group makes recommendations to the Treasure Island group through the Local Board input. Our internal discussions within DPH have been facilitated by Anne with the Homeless Coordinating Committee, which is constituted by staff from the DPH sections. This committee makes recommendations for the Pathways meetings.

The primary focus of the discussions has centered on how to strengthen the single adult shelter services. The goals and objectives for strengthening the shelter system were presented.

Telehealth

The Department is being awarded a grant of $93,755 from the California Telehealth and Telemedia Center. This project will develop Telehealth capacity for African Americans living in San Francisco. Specifically, working within the context of community centers in predominantly African American neighborhoods, the grant will fund the purchase of computers, training, and URLs for the purpose of creating "e-clubs" that will develop local web sites that include health information of import to the neighborhood. This health information will not only include links to other sites on the web, found through: **www.healthfinder.gov, www.dph.sf.ca.us** and other sites, but it will contain locally developed health-related pages as a jumping-off point. The local URL index pages would not need to be entirely health-related, but Telehealth would be a central feature for each web site. The project will develop web-savvy community members who are capable not only of finding and repackaging health information on the web, but also processing it so that it will produce the greatest possible impact on the community. This is a demonstration project, expanding on the mini grant currently in progress at Booker T. Washington Community Service Center in San Francisco. It aims to create a new model for the creation and dissemination of health information.

Families in SROs Citywide Workgroup

The Families in SROs City-Wide Workgroup was originally convened by the Department of Children, Youth and Their Families (DCYF). Several issues regarding families living in Single Room Occupancy Hotels (SROs) were highlighted when advocates voiced their concerns to Debbie Alvarez, Director of the DCYF. The workgroup is now formed and is being facilitated and chaired by DPH.

Presently, DPH doesn't know how many families live in SROs across the City. Advocates estimate 500 families in Chinatown alone. Nearly a quarter of all families served by the homeless advocacy program, Connecting Points, transition in and out of SROs. Many of these families are also affected by the so-called SRO "musical rooms," whereby they are evicted every 21 days for 48 hours to ensure they do not qualify for tenant's rights.

By their very nature (location, neighbors, and room size) SROs are unsafe and hostile places for children. The City does not master lease SRO hotels where these families stay, thus, they are not routinely inspected by Environmental Health. These families are not technically "homeless" (they have an address), thus, often fall between the cracks or may not get the homeless wrap around services they might otherwise receive in a shelter. It is not legal for families to be in the single rooms, so they tend to keep a low profile out of fear of being evicted.

To address this important issue, DPH is chairing a 40-member workgroup comprised of City Department staff, Board of Supervisor's legislative aides, providers, advocates, and SRO residents. The goals of the workgroup are to: (1) improve the quality of life for families while they live in SROs, and (2) move them out of SROs into a continuum of stable housing options. By Fall 2000, the workgroup will present findings and recommendations that will enable the Department to achieve these goals to City leadership and the Citywide SRO Task Force (chaired by Anne Kronenberg).

Cultural Competency

Population Health and Prevention (PHP) contracts with a diverse group of community service organizations to provide services for AIDS/HIV, Substance Abuse, Mental Health, Maternal Child Health and Health Promotion and Prevention. Outlined below are four major areas that the PHP proposes to address in the following year towards its goals for ensuring cultural proficiency in the PHP. These areas are:

1) Training for PHP Program Monitors/Analysts/Managers
2) Assessment Tool for Reviewing Cultural Competency Plan submissions
3) Analysis of Cultural Competence in the PHP
4) Continuous Quality Improvement

Activities are designed to be both developmental and specific. Developmental activities are directed at training and designing a blueprint and foundation for supporting cultural competence in the PHP. Specific activities are directed at ensuring linguistic and cultural capacity among PHP programs to deliver services that meet quality standards for cultural proficiency. Policy 24 will be implemented as one approach within the overall cultural proficiency plan.

Quality Assurance

PHP Quality Management Integration

In order to approach the integration of PHP services, it is vitally important to address the quality management issues as well. The PHP Planning staff and the CMHS Quality Management staff have had discussions on how to launch a project to integrate and enhance the quality management activities in the PHP Division. The initial steps in this project are as follows:

1. Overview for CMHS QM staff of PHP sections, staff, and activities.

2. Presentation of CMHS QM Plan at the PHP Management meeting on May 15, 2000. The purpose of this presentation is to familiarize PHP staff with the CMHS QM, and for this plan to serve as an example for the kinds of activities that might be considered for the other PHP sections and for the PHP as a whole.

3. Completion of survey on PHP QM-type activities. The survey is intended to identify what QM-type activities are occurring in the PHP and any committees or work groups focused on these kinds of activities. The results will be summarized and presented to the PHP management staff prior to step #4.

4. Form work group to design next steps for the project.

Ms. Garcia reported that at the June JCC-PHP meeting, the PHP Work Plan will be presented.

5) **PRESENTATION OF THE PROGRAM: CalWORKs**
(Maria Martinez, Deputy Director, Population Health and Prevention)

Maria Martinez presented a summary of the San Francisco CalWORKs Behavioral Health and Domestic Violence Programs, (Attachment A). She also provided a diagram showing the competing time clocks and possible demands for a CalWORKs family.

Ms. Garcia pointed out the possible increased costs to the Department and the City in December.

Jimmy Loyce, Deputy Director of Health, pointed out the issues of housing and the need for outreach to families.

After discussions at the DPH Executive Staff level, there may be proposed policies recommended to the Commission.

6) **FISCAL UPDATE FOR POPULATION HEALTH AND PREVENTION**
(Larry Doyle, PHP, Chief Financial Officer)

Mr. Doyle presented the PHP Revenue and Expenditure Report through April 2000, (Attachment B). PHP is projecting a surplus of $10,461,160. Of this amount, $8.4 million is a one-time funding from SB 90 and realignment. The balance of $1.7 million is the surplus derived from this year's operations.

A breakdown of the operation surplus shows underexpenditures of $2.3 million, and a $600,000 deficit on the revenue side. The main causes of the revenue deficit are the Public Health Children's

Services and Mental Health Medicare. On the expenditure side, PHP has exceeded the salary savings by $300,000 and have unexpended contractual services and materials and supplies in the amount of $2 million.

None of the divisions of PHP are running at a deficit.

Mr. Doyle reported a 2% COLA will be given to contractors.

8) **OTHER BUSINESS/PUBLIC COMMENTS**

None.

The meeting was adjourned at 12:05 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (2)

San Francisco CalWORKs
Behavioral Health and Domestic Violence Programs

Federal Welfare Reform legislation (1996) for Temporary Assistance to Needy Families (TANF) outlined that families may not receive assistance for more than five years during their lifetime. It also mandated that the percentage of TANF families who are working must increase over time, and that virtually all TANF families must work after receiving benefits for two (now 1.5) years. California's legislation created the CalWORKs program (California Work Opportunity and Responsibility to Kids) to conform to the new federal law.

According to the California Institute for Mental Health, an Urban Institute study (1996) with Welfare families concluded that "substance abuse and mental health problems have emerged as two of the primary barriers to employment among welfare recipients." This study estimated that:

- 7-37% have "diagnosable" substance abuse conditions.
- 30-40% have "diagnosable" mental health conditions; most often anxiety, depression, Post-Traumatic Stress Syndrome.
- 42% have been victims of childhood physical or sexual abuse and 62% have been victims of domestic violence as adults.

CalWORKs recipients and their children are engaged in the Department of Public Health's (DPH) greater behavioral health treatment system, but no where near the rates indicated above. TANF families who have been caught in a cycle of poverty have complex problems and needs. Although hours spent in treatment can be applied to the hours required for welfare-to-work activities, there are stigmas and risks associated with asking for behavioral health services. As well, attending to health problems are often not a priority for parents' until they fail in some way and experience them as real barriers to moving from welfare to work.

Given these complexities and the aggressive timelines set by welfare reform, the Department of Human Services (DHS) has allocated $3.5 Million of State and local funds to develop services that can better meet the distinct needs and time pressures of CalWORKs recipients and their families. San Francisco's CalWORKs "clocks" began "ticking" in November of 1998.

Barbara Garcia, Director, Population Health & Prevention
1380 Howard St., 5th Floor, San Francisco, CA 94103 Phone: (415) 255-3525

Early on, DPH convened a CalWORKs Behavioral Health and Domestic Violence Committee – comprised of city agency staff, providers, advocates, and peers – to guide San Francisco through this challenge. Members (1) advise DPH and DHS on issues related to CalWORKs and health policies, (2) recommend budget priorities, and (3) recommend programs and initiatives for CalWORKs recipients and their families.

Specialized services and initiatives include:

1. Onsite (at DHS), integrated behavioral health family and crisis counseling service (Westside)
2. Onsite Domestic Violence services (WOMAN Inc)
3. Domestic Violence and Substance Abuse Transitional Housing for Families (DePaul House)
4. Family-focused Residential Treatment (tbd)
5. Childcare Sites Consulting and Counseling Services (various providers)
6. Parent Education Classes (Corrine Communications Inc)
7. Peer and professional outreach to "at risk" and sanctioned families (600 families are in the compliance process or have been sanctioned)
8. Media and outreach campaign
9. San Francisco-only Exemption Policies and Procedures for Mental Health and Substance Abuse Problems

DPH staff assigned to this initiative are:

a. Maria X. Martinez, Deputy Director, Population Health and Prevention
 - Lead Administrative Staff
 - DPH Representative, CalWORKs Grievance Committee
 - Chair, CalWORKs Behavioral Health and Domestic Violence Committee
b. Mildred Crear, Director, Maternal Child and Adolescent Health
 - DPH Representative, CalWORKs Oversight Committee
c. John Antoniades, DPH CalWORKs Program Analyst

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DEPT (82) DPH - CENTRAL ADMINISTRATION AND POPULATION HEALTH AND PREVENTION - ALL REVENUES THRU APRIL, 2000 (GENERAL FUND, WORK ORDER FUND, PROP 99 & NEW CHILDREN'S FUND)
FY 1999-00 PER ON LINE FAMIS AS OF 05/10/00

DESCRIPTION	BOARD APPROVED BUDGET	REVISIONS	TOTAL REVISED BUDGET	REALIZED REVENUES		PROJECTED REALIZED THRU 06/00	PROJECTED SURPLUS <DEFICITS>
				THIS MO	TO DATE		
SHORT DOYLE	6,293,583	0	6,293,583	33,971	894,701	6,293,583	0
S/O MEDICAL	24,098,780	0	24,098,780	2,155,121	15,271,870	24,798,780	700,000
MEDI CAL	9,534,203	0	9,534,203	281,283	4,154,441	9,672,562	138,359
MEDI CARE	1,001,000	0	1,001,000	14,619	477,219	340,275	(660,725)
PATIENT REVENUES	4,661,076	0	4,661,076	35,333	328,638	3,559,444	(1,101,632)
STATE ALCOHOL	14,577,017	0	14,577,017	1,048,085	11,980,848	14,577,017	0
PROP 99/AB 75	1,554,101	22,038	1,576,139	0	562,214	1,576,139	0
MISC REVENUES	10,369,140	0	10,369,140	1,525,241	6,248,221	18,630,064	8,260,924
TRANSFERS IN	451,710	75,000	526,710	2,707	238,579	526,710	0
ST REALIGNMNT/HEALTH	23,461,500	0	23,461,500	0	20,654,768	23,461,500	0
ST REALIGNMNT/MNTL HLTH	49,425,700	0	49,425,700	0	32,778,321	50,225,700	800,000
ST REALIGNMNT/SOC SVCS	508,492	0	508,492	0	344,472	498,145	(10,347)
WO RECOVERIES	9,428,468	4,473,192	13,901,660	331,894	2,306,811	13,901,660	0
SUBTOTAL	155,364,770	4,570,230	159,935,000	5,428,254	96,241,103	168,061,579	8,126,579
APPROPRIATED/BUDGETED CF	0	15,078,088	15,078,088			15,078,088	0
GENERAL FUND	94,548,532	(1,780,298)	92,768,234			92,768,234	0
BAD DEBTS	0	0	0			0	0
TOTAL REVENUES	249,913,302	17,868,020	267,781,322	5,428,254	96,241,103	275,907,901	8,126,579
LESS: EXPENDITURES	249,913,302	17,868,020	267,781,322			265,446,742	2,334,581
SURPLUS/<DEFICITS>	0	0	0			10,461,160	10,461,160

FOOTNOTES:

Recap of General Fund Contribution:

(1,908,792)	Transfer from SA to DHS for Mission Rock
79,696	MEA pay adjustment
120,509	MD Incentive Bonus
54,290	Supplemental Appropriation for Housing
(126,000)	HCN-worker Comp
(1,780,298)	Total General Fund

Attachment B
Page 1 of 1

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AGENDA

JOINT CONFERENCE COMMITTEE FOR POPULATION HEALTH AND PREVENTION MEETING

Tuesday, June 27, 2000
10:00 a.m. – Noon
101 Grove Street, Room #220
San Francisco, CA 94102

Commissioner Harrison Parker, Sr., D.D.S., Chairperson

1) **CALL TO ORDER**

2) **PROPOSED ACTION: APPROVAL OF MINUTES FOR MAY 23, 2000**
**Minutes for May 23, 2000*

3) **FOR DISCUSSION: DIRECTOR'S REPORT**
(Barbara Garcia, PHP Director)
(Description of activities and operations of Population Health and Prevention Division)

4) **FOR DISCUSSION: PRESENTATION OF DENTAL SERVICES**
(Samantha Stephen, Director of Dental Services)
**Report*

5) **FOR DISCUSSION: FISCAL UPDATE FOR POPULATION HEALTH AND PREVENTION**
(Larry Doyle, PHP, Chief Financial Officer)

6) **OTHER BUSINESS/PUBLIC COMMENTS****

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MINUTES

JOINT CONFERENCE COMMITTEE FOR POPULATION HEALTH AND PREVENTION

Tuesday, June 27, 2000
10:00 a.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Joint Conference Committee for Population Health and Prevention was called to order by Chairperson Commissioner Harrison Parker, Sr., D.D.S., at 10:05 a.m.

Present: Commissioner Harrison Parker, Sr., D.D.S.

Absent: Commissioner Roma P. Guy, M.S.W.

DPH Staff: Barbara Garcia, Larry Doyle, Samantha Stephen, Larry Meredith, Mildred Crear, Jimmy Loyce, Jessica Wolin

2) APPROVAL OF MINUTES OF THE JCC-PHP MEETING OF MAY 23, 2000

Action Taken: The Committee adopted the minutes of May 23, 2000.

3) DIRECTOR'S REPORT

(Barbara Garcia, PHP Director)

PERSONNEL

Dr. Peter Forster has resigned as the Mental Health Medical Director as of July 14, 2000. Recruitment for his position will begin in July. In the interim, Dr. Mitch Katz will serve as the CMHS Medical Director.

PROGRAM UPDATES

Behavioral Health Planning

In the coming months, CSAS and CMHS will facilitate a planning process to develop behavioral health service strategies. This will include the review of MIS, QA, and the system of care. The goal of this planning process is to ensure that clients entering both substance abuse services and mental health services are assessed and provided comprehensive behavioral health services. Presently, both CSAS and CMHS have begun requiring MOU's with either substance abuse programs or mental health services. Programs will be required to identify either substance abuse services or mental health programs in their same service area or targeted populations. This planning process will require both community and department wide involvement.

Community Emergency Response

With the recent shootings in the Bayview Hunters Point District, it became evident that although the Department does respond to these incidents, our service coordination response could greatly improve. Ms. Garcia has asked Larry Meredith and Linda Wang to develop a plan to assist in the communication and coordination to these types of incidents. PH&P will work with Bayview Hunters Point Foundation's Critical Response Team to ensure that they are also part of this process.

Homeless Outreach

PH&P is working closely with the Mayor's Office on Homelessness to reorganize Homeless Outreach Services. Presently, CSAS contracts with Mobile Assistance Patrol (MAP) vans, which provide transportation to homeless individuals. PH&P will provide training for the van drivers and move away from transportation (keeping the emphasis on medical transport needs only) and changing the role of the MAP driver to provide more outreach and intervention to those on the streets.

High Utilizers Conference

PH&P staff participated in the daylong conference on "Creating a Coordinated System of Care for High Utilizers of the San Francisco General Hospital Medical Service". Many of the recommendations from this conference focused on clients with HIV/AIDS, substance abuse and mental health service needs. A time-limited task force will review the recommendations from this conference and provide budget recommendations for next year's budget planning process.

Commissioner Parker emphasized the necessity of coordination and integration to improve the delivery system. He also noted the work needed on pedestrian safety and education.

4) PRESENTATION OF DENTAL SERVICES

(Samantha Stephen, Director of Dental Services)

Ms. Stephen presented an Organizational Chart (Attachment A), and Overview (Attachment B) of Dental Services within the Department of Public Health.

Ms. Stephen noted the high decay rate for San Francisco children is due to the target population being a high number of immigrant children. She emphasized the importance of health and oral health being integrated and collaboration with other health professionals.

Commissioner Parker inquired about the cultural competency of Dental Services and the participation of Dental Services in the Departmentwide Strategic Plan. Jimmy Loyce, Deputy Director of Health, reported the public input at the Town Hall Strategic Planning meetings has been for more access to dental services. Ms. Garcia pointed out the importance of integration of dental services and the priority for dental services.

Commissioner Parker requested a presentation of Dental Services be calendared before the full Commission.

5) **FISCAL UPDATE FOR POPULATION HEALTH AND PREVENTION**
(Larry Doyle, PHP, Chief Financial Officer)

Mr. Doyle presented the Population Health and Prevention Revenue and Expenditure Report through May 2000, (Attachment C). PH&P is projecting a surplus of $10,526.900. this represents an increase of $65,740 from the April estimate. However, this figure reflects a reduction of $366,364 from the 8-month report, which the Department furnished to the Controller, Mayor and Board of Supervisors for their year-end surplus analysis.

While the bottom line estimate has been holding fairly constant, there have been shifts on the revenue horizon, which should be reported. In Mental Health Children's Services Early and Periodic Screening, Diagnosis and Treatment (EPSDT), revenues appear to be significantly over budget. However, PH&P is anticipating reduced collections at both the Family Mosaic Project and the Adolescent Unit at the Mental Health Rehabilitation Facility.

Once again, a reminder that $8.8 million of the surplus noted is one-time funding from SB 90 and Realignment. While Mr. Doyle noted that PH&P, once again this year, will close its books deficit-free, PH&P must be reminded that this would not have been possible without making great sacrifices to reduce the salary and contractual expenditures.

Mr. Doyle reported his goal for the FY 2001-02 budget is to reduce salary savings.

Ms. Garcia stated PH&P will be addressing how to manage grant development by hiring a grant developer.

6) **OTHER BUSINESS/PUBLIC COMMENTS**

None.

The meeting was adjourned at 11:30 a.m.

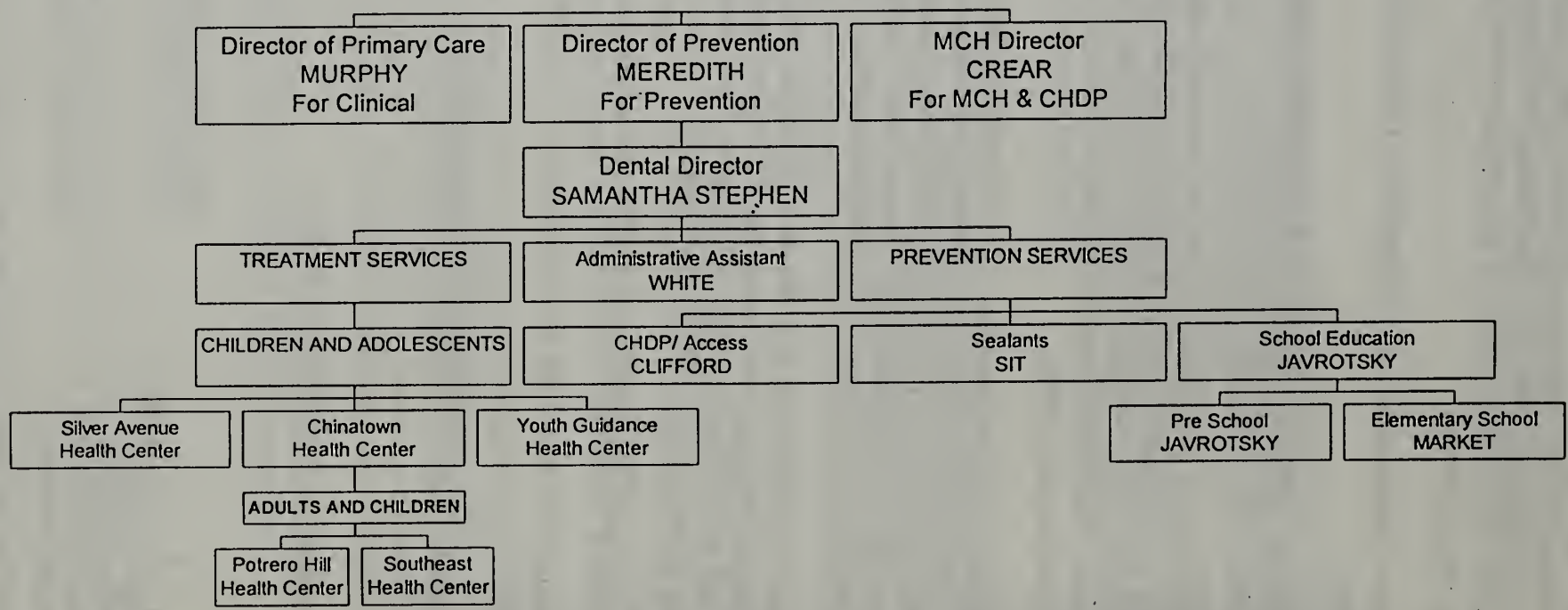
Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (3)

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

ORGANIZATION CHART FOR DENTAL SERVICES



1 DPH Dental Services

Clinical and Prevention Services

2 Administration

- Clinical & Prevention Programs
 - Dental Director 1 FTE (Stephen)
 - Dentist for QA .2 FTE (Ellison)
 - Administrative Assistant 1 FTE (White)

3 Clinical Services

- Locations
 - Potrero Hill HC - Family Clinic (ages 0 & >)
 - Southeast HC - Family Clinic "
 - Chinatown Public HC - Children's Clinic (ages 0 - 18)
 - Silver Avenue HC - Children's Clinic "
 - YGC

4 Staff

- Dentists - 5.0 FTE
 - 11 part-time dentists
- Dental Assistants 7 FTE

5 Clients

- 9000 - 12,000 Patient Visits/ year (depending on staffing)
- 60% children & 40% adults

6 Quality Assurance

- Monthly team management/QA meetings
- Follow Knox Keene guidelines
- Annual chart audit (10 charts/provider)
- Annual patient satisfaction survey
- Follow-up on all staff and patient concerns

7 Infection Control

- Quarterly meetings with all dental assistants
- Annual "surprise" site visits for IC check

8 Staff Training

- Annual retreat

9 Prevention Programs with a Clinical Component

- IMPORTANT: Treatment and prevention work together
 - Prevention staff plans "access" programs
 - Clinical staff helps implement research & some prevention programs
- Prevention Staff:
 - 2.7 FTE Dental Hygienists
 - 1.0 FTE Dental Assistant
- Most important dental public health issue (after fluoridation) is **"Access to Care"**

10 "Access" programs planned by CHDP & MCH

- **Share The Care** with SF Dental Society
- **Start Smiling** - accessing Medicaid children with SF Health Plan
 - Two and three year olds to Silver Avenue HC to prevent early childhood caries - 50/700 after three mailings
 - Planning focus groups to ask non responders why
 - 50% of those who did access services had decay
 - Six year olds to Chinatown Public HC to decrease decay by placing sealants on first permanent molars
 - Could not access 2 & 3 year olds because of research study at this site on same age group
- Free Saturday Clinics with private agency Dental Plus Medical
- Accessing low-income adolescents and teens to CCS free orthodontic care (severe cases only)
- Currently planning access of pregnant women to decrease preterm deliveries (new research) and new moms passing on high strep mutans counts to their

infants

11 Research Projects (Preventive/Treatment):

- Accessing "Welfare To Work" (PAES- Personal Assistance Employment Services) clients to dental services to increase work opportunities
 - Also research project: documenting oral health status & social implications of poor oral health of welfare clients
 - First data in literature
 - First project in state
 - Possibly first in USA
 - Funded by DHS ($266,000 for approximately 200 clients)
 - Average client has 10 missing teeth and 20 decayed surfaces, 90% need partial dentures or full dentures
- Study number of fluoride varnish applications on caries-free 1-3 year olds to keep kids caries free

12 Public health education of professional students in DPH clinics

- UCSF dental hygiene students on school-based sealant program
- University of North Carolina dental students fulltime for one month each summer on community clinic rotation

13 School-based sealants for second graders

- 700 children sealed with grant funds (ends 6/00)
- 300-500 children without grant funds

14 Prevention Programs without Clinical Component

- Promote fluoridation
- preschool screening, referral and education
 - 1000 children per year
 - 20% decay rate
- Elementary school education
 - 3000 children
 - 46% decay rate in schools with 50% free school lunch program or >

- CHDP projects:
 - Health education for healthcare professionals
 - Provider relations:
 - Visit dentists to promote use of preventive sealants
 - Visit physicians/pediatricians to promote oral screenings and referral to dentists
 - Accessing foster care children to dental services
- Research projects
 - Currently writing grant proposal with UCSF to establish a "Center To Reduce Oral Health Disparities"
- Accomplishments -
- Important Issues:
 - Primary barrier to accessing young toddlers to prevent decay appears to be parents lack of knowledge and understanding regarding importance of decay prevention
 - Solutions to test:
 - Training dentists to see young children
 - Co-locating dentists with pediatricians
 - Train other healthcare providers (like pediatricians) to assess oral health, caries risk and apply fluoride varnish

15 ☐ Surgeon General's Report

DEPT (82) DPH - CENTRAL ADMINISTRATION AND POPULATION HEALTH AND PREVENTION - ALL
REVENUES THRU MAY, 2000 (GENERAL FUND, WORK ORDER FUND, PROP 99 & NEW CHILDREN'S FUND)
FY 1999-00 PER ON LINE FAMIS AS OF 06/22/00

DESCRIPTION	BOARD APPROVED BUDGET	REVISIONS	TOTAL REVISED BUDGET	REALIZED REVENUES		PROJECTED REALIZED THRU 06/00	PROJECTED SURPLUS <DEFICITS>
				THIS MO	TO DATE		
SHORT DOYLE	6,293,583	0	6,293,583	2,559	897,260	7,093,583	800,000
S/D MEDICAL	24,098,780	0	24,098,780	263,932	15,535,802	25,598,780	1,500,000
MEDI CAL	9,534,203	0	9,534,203	838,070	4,992,509	8,265,944	(1,268,259)
MEDI CARE	1,001,000	0	1,001,000	(37,700)	439,519	439,519	(561,481)
PATIENT REVENUES	4,661,076	0	4,661,076	54,980	383,618	3,602,531	(1,058,545)
STATE ALCOHOL	14,577,017	0	14,577,017	1,198,084	13,178,932	14,377,017	(200,000)
PROP 99/AB 75	1,554,101	22,038	1,576,139	0	562,214	1,576,139	0
MISC REVENUES	10,369,140	0	10,369,140	1,223,743	7,471,964	18,471,246	8,102,106
TRANSFERS IN	451,710	75,000	526,710	2,850	241,429	526,710	0
ST REALIGNMNT/HEALTH	23,461,500	0	23,461,500	2,133,458	22,788,226	23,461,500	0
ST REALIGNMNT/MNTL HLTH	49,425,700	0	49,425,700	12,115,740	44,894,061	50,225,700	800,000
ST REALIGNMNT/SOC SVCS	508,492	0	508,492	113,959	458,431	498,145	(10,347)
WO RECOVERIES	9,428,468	4,658,192	14,086,660	989,958	2,964,875	14,086,660	0
SUBTOTAL	155,364,770	4,755,230	160,120,000	18,899,633	114,808,840	168,223,474	8,103,474
APPROPRIATED/BUDGETED CF	0	15,078,088	15,078,088			15,078,088	0
GENERAL FUND	94,548,532	(1,854,577)	92,693,955			92,693,955	0
BAD DEBTS	0	0	0			0	0
TOTAL REVENUES	249,913,302	17,978,741	267,892,043	18,899,633	114,808,840	275,995,517	8,103,474
LESS: EXPENDITURES	249,913,302	17,978,741	267,892,043			265,468,617	2,423,426
SURPLUS/<DEFICITS>	0	0	0			10,526,900	10,526,900

FOOTNOTES:

Attachment C
Page 1 of 1

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Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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Ron Hill
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Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

Tel. (415) 554-2666
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Web Site: *http//www.dph.sf.ca.us*

AGENDA

JOINT CONFERENCE COMMITTEE FOR POPULATION HEALTH AND PREVENTION MEETING

Tuesday, July 25, 2000
10:00 a.m. – Noon
101 Grove Street, Room #220
San Francisco, CA 94102

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Commissioner Harrison Parker, Sr., D.D.S., Chairperson
Commissioner Roma P. Guy, M.S.W.

1) **CALL TO ORDER**

2) **PROPOSED ACTION: APPROVAL OF MINUTES FOR JUNE 27, 2000**
**Minutes for June 27, 2000*

3) **FOR DISCUSSION: DIRECTOR'S REPORT**
(Barbara Garcia, PHP Director)
(Description of activities and operations of Population Health and Prevention Division)

4) **FOR DISCUSSION: UPDATE ON HOUSING SERVICES**
(Mark Trotz, Director of Housing Services)
**Report*

5) OTHER BUSINESS/PUBLIC COMMENTS**

* **Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311.**

** **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access

Room 220, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 923-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at:

Sunshine Ordinance Task Force
Donna Hall, Administrator
City Hall, Room #244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

Telephone: (415) 554-7724
Fax: (415) 554-5163
E-mail: Donna_Hall@ci.sf.ca.us

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us**.

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HEALTH COMMISSION

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MINUTES

JOINT CONFERENCE COMMITTEE FOR POPULATION HEALTH AND PREVENTION

Tuesday, July 25, 2000
10:00 a.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Joint Conference Committee for Population Health and Prevention was called to order by Chairperson Commissioner Harrison Parker, Sr., D.D.S., at 10:05 a.m.

Present: Commissioner Roma P. Guy, M.S.W.
Commissioner Harrison Parker, Sr., D.D.S.

DPH Staff: Barbara Garcia, Mildred Crear, Monique Zmuda, Jimmy Loyce, Marc Trotz, Larry Meredith

2) APPROVAL OF MINUTES FOR JUNE 27, 2000

Action Taken: The Committee adopted the minutes of June 27, 2000.

3) DIRECTOR'S REPORT

(Barbara Garcia, PHP Director)

PROGRAM UPDATE

International AIDS Conference

The San Francisco Department of Public Health was well represented at the XIII International AIDS Conference in Durban, South Africa. Over 10 Health Department employees, as well as Health Commission President, Roma Guy, and the Director of Public Health, Mitch Katz, attended this historic meeting. The theme of the meeting was "Breaking the Silence" and focused on the devastating effects of HIV/AIDS on the developing world.

While there was little new scientific information presented that contributed to DPH ability to care for people with HIV/AIDS in this country, there was hopeful data presented on preventing mother to child transmission of HIV in the developing world. Unfortunately, much of the benefit of anti-retroviral treatment provided in the peri-partum period appears to be undermined by transmission of HIV due to breast-feeding. In the developed world, HAART has been shown to virtually eliminate mother to child transmission. Health Department employees presented papers ranging from epidemiological data on the trends in HIV/AIDS in San Francisco, the benefits of HAART, adherence among the homeless and HIV prevention at circuit parties among many other subjects.

Bridging the Gap Conference Planning

Since 1997, Community Substance Abuse Services has sponsored two conferences for Community Substance Abuse Services (CSAS) providers to help "Bridge the Gap" between traditional, abstinence-based treatment services and more harm reduction oriented approaches.

The Bridging the Gap Planning Committee is now working on the third conference that will take place on January 11 and 12, 2001 at the San Francisco War Memorial, Herbst Theater. The conference is titled, "Bridging the Gap in San Francisco: Harm Reduction Research, Policy and Practice". The committee, which is comprised of Department of Public Health staff, service providers, and community members, is developing the conference agenda and speaker list. A "Call for Abstracts - Save the Date" notices will be mailed out in August. To assist in the planning process, a Harm Reduction Training for the CSAS staff and the Bridging the Gap Planning Committee will take place on July 19, 2000, facilitated by Patt Denning, Ph.D., a keynote speaker from the second conference. The Bridging the Gap Planning Committee continues to work on planning the conference and will meet twice a month beginning August, on the 1st and 3rd Wednesday of every month from 3:30 to-5:00 p.m. at 1380 Howard Street, 4th Floor conference room.

BVHP Foundation

The organizational development planning process with the Bayview Hunters Point Foundation is proceeding as planned. PHP will be presenting an update from the consultants working with the Foundation, CompassPoint, at the September 19th Health Commission meeting, including a detailed workplan documenting the organizational and contractual agreements between the Foundation and the Department. This working document will serve as an ongoing oversight and management tool for the Director of Population Health and Prevention and the Executive Director of the Foundation. The update to the Commission will also include advances made in the organizational development plan.

Ms. Garcia acknowledged the DPH staff for their work in settling a potential strike at Bayview Hunters Point Foundation. She thanked Dr. Mitch Katz, Director Health, for his role in the mediation.

Commissioner Parker emphasized the importance of learning from past experience.

PHP Operations Meetings

PHP has a weekly operations meeting with representation from each of the division sections. Every other week the PHP budget managers will also attend this meeting. The mission of the operations meetings is to provide oversight to the operational issues of PHP, including fiscal, space/facilities, personnel, and contracting. The goals include the development of a system for managing grants, short/long-range planning of the management of facilities, centralize training activities, and plan the development of standardized monitoring and units of service for contracts.

Homeless Outreach

Staff members have been working with the Mayor's Office and the Dept. of Human Services on redesigning the homeless outreach services. The first phase involves reconfiguring the functions of the Mobile Assistance Patrol (MAP). We have been having discussions with CATS, the organization that provides the MAP services, and they have been very receptive to the changes in service design. The focus of the MAP will move to a "first response" of homeless outreach services. The van driver's duties will shift from strictly as a driver to an outreach worker. Projected implementation will be in September.

Commissioner Parker commended staff for their emphasis on training.

EMERGING ISSUES

Training

PHP Planning is working to coordinate PHP training efforts across the sections. This effort includes the implementation of a quarterly training newsletter to inform all PHP staff about all training activities. Staff are identifying and coordinating collaboration on trainings that cross program areas, and investigating the development of computer based training capabilities. The PHP Planning staff is working to ensure stronger coordination with the CHN training program.

4) **UPDATE ON HOUSING SERVICES**
(Mark Trotz, Director of Housing Services)

Mr. Trotz presented on overview of the Housing Services Unit within the Division of Population Health and Prevention (Attachment A).

Commissioner Guy pointed out the need to look at the consequences (i.e., evaluations) from supportive housing, and the need to educate policy makers. She expressed her appreciation to Mr. Trotz for his commitment and expertise in the area of housing. She encouraged the Division to include housing in the Department's Strategic Plan. The Commission would be supportive.

Monique Zmuda, Chief Financial Officer, emphasized that evaluation is critical. The Corporation for Supportive Housing or HUD may be interested in funding an evaluation piece.

Mr. Trotz suggested that alternative funding for housing could be at the State level and through Medicaid waivers.

Larry Meredith, Director of Prevention Services, suggested there is a natural alliance on prevention issues and housing, especially with the CHIPPS program (injury prevention for seniors) and children (asthma program).

Commissioner Parker pointed out the bottom line is who will fund these housing needs. He promoted the idea of doing more for ourselves instead of waiting for others. He also commented that so many issues are related to health, directly or indirectly.
Neil Gendel, a lead prevention administrator for a community-based organization, raised the question of how the Department can play a role in improving housing for low-income children. Each child needs to grow up in a healthy housing environment.

Ms. Garcia indicated the Department's role in continuing to advocate for a comprehensive approach to health issues and the need to prioritize the health needs.

5) **OTHER BUSINESS/PUBLIC COMMENTS**

None.

The meeting was adjourned at 11:40 a.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment (1)

City and County of San Francisco
Department of Public Health

Housing Services
101 Grove Street, Room 122
San Francisco, California 94102-4505
Phone: (415) 554-2565
Fax: (415) 554-2704

MEMORANDUM

DATE: July 25, 2000

TO: Joint Conference Committee for Population Health and Prevention

FROM: Marc Trotz

SUBJECT: Housing Services Unit

Overview

The Housing Services Unit, a division of Population Health and Prevention, is responsible for maintaining and developing a wide range of community-based housing options for homeless, low-income, and disabled San Franciscans. As the Department strives to rely less on institutional care, Housing Services is increasingly acting as a link between our hospital-based delivery system and the development of community-based alternatives. Given the diversity of needs of our public health clients and San Francisco's severely constrained housing market, these community-based housing options have included emergency vouchers for SRO housing, development of respite care, transitional housing, and permanent supportive housing.

Current Stock of Housing Programs

Programs administered fall into the following four categories:

- Permanent Supportive Housing: Housing with on-site services with no time limit.
- Transitional Housing: Site-based programs that provide housing for 3-24 months.
- Subsidies: Funding that goes to a tenant to rent housing in the private market.
- Other: Miscellaneous housing related programs.

Attachment 1 provides a listing of programs administered by Housing Service.

New Initiatives and Projects Under Development

- Direct Access to Housing: This project was initiated by Housing Services to provide supportive housing for chronically homeless people who have been revolving through the streets and emergency care settings such as shelters, emergency rooms, jails, and other institutions. People gain access to the housing through specified points including SFGH, LHH, Tom Waddell Health Center, and street outreach teams. The project, to date, has master leased the following three hotels:
 - Pacific Bay Inn, 520 Jones Street, 76 Units, Opened 12/98
 - Windsor Hotel, 238 Eddy Street, 94 Units, Opened 4/99
 - LeNain Hotel, 720 Eddy Street, 86 Units, Opened 7/1/00

 Program participants pay 50% of their income toward rent and have access to a range of on-site services including case management, mental health and substance abuse services, life skills development, and medical treatment.

- Transitional Housing for LGBTQQ Youth: Housing Services will be entering into a contract with Ark of Refuge to provide transitional housing to meet the needs of homeless LGBTQQ youth ages 18-23. The site for the project will be 2500 Market Street (at Castro) for the first two years of program operation after which time a new site will need to be identified. The contract should be before the Commission in September and operational by November 2000.

- Redesign of the "Hotline" Hotel Program: Over the past many years, the Department of Human Services has administered a hotel voucher program primarily utilized by SFGH medical discharge planners. Funds for this program have been transferred from DHS to DPH for FY 00-01. Housing Services, in partnership with SFGH Medical Social Work is negotiating for a block of rooms in a hotel to provide short-term medical respite for homeless people discharged from the hospital. This program is scheduled to get underway in mid-August 2000.

- Develop Additional Housing Resources to Meet Departmental Priorities: The following housing needs have been identified as high priority:
 - Short-term (1-4 weeks) psychiatric respite for patients discharged from SFGH.
 - Permanent housing for persons with mental illness, brain injured, medically complex, other hard to place populations needing 24 care and supervision, some of whom are non-ambulatory.
 - Permanent housing for persons with mental illness and/or AIDS who are capable of living in independent housing with on-site support.
 - Transitional housing (3-18 mo.) for persons with mental illness and/or AIDS.

Housing Services is negotiating for the following three sites totaling 144 beds to achieve some of the above stated housing priorities.

Site Information		Camelot Hotel	St. Charles Hotel	Broderick St. Nursing Home
	Address	124-126 Turk St.	507 Bush	1421 Broderick St.
	Type	SRO/shared bath	SRO/shared bath	Institutional/SNF
	# of Units	55	55	18
	# of Beds	55	55	34
	Occupancy	Vacant	Vacant	Vacant
	Accessibility	All rooms	12 ground fl. rooms	All rooms
	Licensable	No	No	Yes
	Common Space	Plenty on ground fl.	Plenty on ground fl.	kitchen, nursing stations, day rooms
	Date Ready	1/1/00	1/1/00	Depends on licensing
				(approx. 1/1/00)

Attachment 1

AGENCY	PROGRAM	TARGET POPULATION	# OF BEDS / UNITS/SLOTS	UDC	TOTAL
PERMANENT					
Baker Places, Inc.	Residential Program	Multi Diagnosed, HIV/AIDS, Substance Abuse, & Mental Health	15	15	$ 84,084
Baker Places, Inc.	Supportive Housing	Multi Diagnosed, HIV/AIDS, Substance Abuse,& Mental Health	29	33	$ 322,609
Baker Places, Inc.	Integrated Services Network	Homeless & Multi Diagnosed	272	272	$ 608,902
Black Coalition on AIDS	Rafiki Housing Program	HIV/AIDS & Substance Abuse	11	30	$ 68,452
Catholic Charities	Derek Silva Community	HIV/AIDS	64	64	$ 761,715
Catholic Charities	Peter Claver Community	Homeless & HIV/AIDS	32	46	$ 402,143
Catholic Charities	Rita da Cascia	Families with HIV	31	31	$ 47,243
Episcopal Community Services	Rose Hotel	Homeless	75	96	$ 84,624
Episcopal Community Services	Canon-Kip Community House	Homeless w/Multi Diagnosis	103	124	$ 30,000
Episcopal Community Services	Pacific Bay Inn	Homeless	75	75	$ 1,549,608
John Stewart Company	Windsor Hotel	Homeless	94	94	$ 864,994
Larkin Street Youth Center	Attendant Care Services for Youth with HIV	Youth w/ HIV/AIDS	12	15	$ 18,681
Lutheran Social Services	Hazel Betsey	Women w/Children, HIV/AIDS, & Other Diagnosis	9	11	$ 115,488
Walden House, Inc.	Planetree Housing Program	HIV/AIDS & Substance Abuse	14	17	$ 75,757
		Total Permanent	**836**	**923**	**$ 5,034,300**
TRANSITIONAL					
Ark of Refuge, Inc.	Restoration House	Women with HIV/AIDS & Substance Abuse	6	15	$ 282,480
Baker Places, Inc.	Supportive Living Program	Multi Diagnosed, HIV/AIDS, Substance Abuse,& Mental Health	38	50	$ 1,219,037
Baker Places, Inc.	Ferguson Place (Tx)	Multi Diagnosed, HIV/AIDS, Substance Abuse,& Mental Health	12	46	
Black Coalition on AIDS	Brandy Moore - Rafiki House	HIV/AIDS & Substance Abuse	11	30	$ 305,460
Network Ministries Housing Corporation	Safe House	Women over 18 yrs. old leaving prostitution	10	15	$ 45,317
Women's Alcoholism Center	DePaul House	Homeless Women & their children survivors of domestic violence	6	9	$ 36,935
		Total Transitional	**83**	**165**	**$ 1,889,229**
SUBSIDIES					
Catholic Charities	Asstd Hsng Prog (PRS)	HIV/AIDS	181	181	$ 560,636
Larkin Street Youth Center	Comprehensive Housing For Youth	Youth w/ HIV/AIDS	41	41	$ 618,489
Lutheran Social Services	Rent Subs & Supp. Svcs	HIV/AIDS	13	15	$ 119,998
SF AIDS Foundation	Partial Rent Subsidies	HIV/AIDS	41	41	$ 200,000
SF AIDS Foundation	Standard Housing Services	HIV/AIDS	507	507	$ 2,457,543
SF AIDS Foundation	Integrated Services	HIV/AIDS	200	200	$ 448,907
		Total Subsidies	**983**	**985**	**$ 4,405,573**
OTHER					
Caduceus Outreach Services	(COR)	Homeless & Mental Health	35	44	$ 95,480
Mission SRO Collaborative	MHDC	Mission SRO Tenants	180	200	$ 245,000
SF AIDS Foundation	Housing Waitlist	HIV/AIDS	N/A	N/A	$ 231,604
		Total Other	**215**	**244**	**$ 572,084**
		Grand Total	**1,940**	**2,111**	**$11,329,140**

Roma P. Guy, M.S.W.
President

John I. Umekubo, M.D.
Vice President

Edward A. Chow, M.D.
Commissioner
Cc
Ron Hill
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner
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David J. Sanchez, Jr., Ph.D.
Commissioner

HEALTH COMMISSION

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AGENDA

JOINT CONFERENCE COMMITTEE FOR POPULATION HEALTH AND PREVENTION MEETING

Tuesday, August 22, 2000
10:00 a.m. – Noon
101 Grove Street, Room #220
San Francisco, CA 94102

Commissioner Harrison Parker, Sr., D.D.S., Chairperson
Commissioner Roma P. Guy, M.S.W.

1) **CALL TO ORDER**

2) **PROPOSED ACTION: APPROVAL OF MINUTES FOR JULY 25, 2000**
**Minutes for July 25, 2000*

3) **FOR DISCUSSION: DIRECTOR'S REPORT**
(Barbara Garcia, PHP Director)
(Description of activities and operations of Population Health and Prevention Division)

4) **FOR DISCUSSION: FISCAL REPORT**
(Larry Doyle, Chief Financial Officer)

5) **FOR DISCUSSION: PRESENTATION OF THE HIV STATISTICS REPORT**
(Steve Tierney, Director of HIV Prevention Services)

6) OTHER BUSINESS/PUBLIC COMMENTS**

* **Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311.**

** **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

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MINUTES

JOINT CONFERENCE COMMITTEE FOR POPULATION HEALTH AND PREVENTION

Tuesday, August 22, 2000
10:00 a.m.
at
101 Grove Street, Room #220
San Francisco, CA 94102

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SEP 25 2000

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1) CALL TO ORDER

The regular meeting of the Joint Conference Committee for Population Health and Prevention was called to order by Chairperson Commissioner Harrison Parker, Sr., D.D.S., at 10:05 a.m.

Present: Commissioner Roma P. Guy, M.S.W.
Commissioner Harrison Parker, Sr., D.D.S.

DPH Staff: Barbara Garcia, Larry Doyle, Larry Meredith, Jessica Wolin, Steve Tierney, Mildred Crear, Monique Zmuda

Commissioners Parker and Guy emphasized the public comment Rules of Order of the Commission: three (3) minutes time limit, respectful to all speakers, disrupters will be asked to leave the room.

2) APPROVAL OF MINUTES FOR JULY 25, 2000

Action Taken: The Committee adopted the minutes of July 25, 2000.

3) **DIRECTOR'S REPORT**
(Barbara Garcia, PHP Director)

Personnel

Information Technology
Joseph Abrego, who has served for the past few years as Information Technology Manager for Population Health and Prevention, has resigned from the Department of Public Health. He has been instrumental in the development of key IT functions for the Department. Joe has decided to accept a technical management position with the Municipal Transit Authority (MUNI).

Program Update

Homeless Definition
The Department of Public Health will be submitting a working definition of "homelessness" to the Health Commission for adoption on September 5, 2000. This definition is the result of collaboration between members of the Homeless Coordinating Committee, a cross-divisional workgroup within DPH. This common definition will assist PHP in its efforts to improve access to, and quality of, DPH services for the homeless population.

International HCV Conference
The Health Department was well represented at the recent Fourth International HCV Conference held in the City on August 10-13. The conference theme was "Moving Hepatitis C to the top of the Agenda" and was co-sponsored by the Department. Numerous Health Department staff, including Tomas Aragon, Director of Disease Prevention and Control; Barbara Garcia, Director of Population Health and Prevention; and Health Director Mitch Katz made presentations on HCV prevention and treatment efforts in the City, as well as the plans for future expanded services to address this emerging disease.

Training Newsletter
A newsletter of training, planning, and continuing education opportunities and resources for PHP employees will be published quarterly by the Planning Office. It will list training available to employees by PHP section, information on training resources such as meeting spaces, websites, articles on training and planning issues, information on accessing training through CHN, etc. A training e-mail account has been set-up on ccMail where staff can send items to be included in upcoming newsletters.

Emerging Issues

High Utilizers Report
In July, the Department sponsored a daylong conference on "high utilizers" based on a recent study by Medical Services at SFGH. A small working committee chaired by Dr. Alicia Fernandez and Barbara Garcia is developing recommendations from this conference. These recommendations will be brought to the JCC after Conference Committee members provide input.

Tattoo Removal Program
The Tattoo Removal Program provides case management services for high risk individuals that want to remove tattoos, in which many of these cases the tattoo has become a barrier to employment. The program is currently based at San Francisco General Hospital but it will be moving to a community site. A new location has not been finalized.

Conference on Substance Abuse

The San Francisco Labor Council is working with PHP to put together a conference on substance abuse in October. The focus of this conference is to bring together the labor movement, business community, government and the general public to introduce model programs in hopes of removing the substance abuse through public/private partnership. It will target the business and labor community to increase awareness of treatment and the need for involvement of both labor and business to address this widespread problem.

Latino Behavioral Health

Following on the footsteps of last year's success, the Latino Behavioral Planning Committee is planning activities to commemorate Latino Behavioral Health Awareness Week and Hispanic Heritage Month 2000. This year's theme is *"Balanceando Nuestras Vidas: Espíritu, Salud, Familia y Trabajo II: Celebrando La Mujer"*. (Balancing our Lives: Spirit, Health, Family and Work II: Celebrating the Woman"). During Latino Behavioral Health Awareness Week (September 18th – 22nd), PHP will invite agencies to host an open house, a community forum, or any similar activity that would promote behavioral health for Latinos. On October 27, 2000, PHP will host a day of training for providers who serve Latino clients.

PHP hopes to coordinate these activities with the work the Department is doing, as well as with Supervisor Becerril's office and other community agencies in their plan to hold a San Francisco Latino Health Summit on October 26, 2000. The purpose of the event is to provide the Latino community with an opportunity to present issues of concerns regarding the health status of their community and community members and to develop recommendations.

Quality Assurance

PHP Quality Management

In order to move towards the standardization and integration of PHP activities, it is vital that PHP also develops the quality management, which will support those activities. Bill McConnell, CMHS Director of Quality Management, will be taking the lead in the quality assurance activities. Over the next year, each PHP section will document their quality assurance activities, identify a quality assurance representative for their section, and participate in quality improvement bi-annual or quarterly meetings. An Oversight Committee will also be established which will produce an annual quality improvement report for the PHP.

Commissioner Parker stated that the community as a whole, not Department of Health alone, has to do more for the problem of homelessness; and that in order to address the high-utilizer problem, homelessness needs to be addressed.

Public Speaker:

Michael Petrelis, AIDS-Statistics.com, submitted a letter (Attachment A)

Ms. Garcia indicated she is no longer serving on the HRSA AIDS Advisory Committee.

Commissioner Guy encouraged the High-Utilizers Task Force recommendations be included in the Department's Strategic Plan.

4) FISCAL REPORT

(Larry Doyle, Chief Financial Officer)

At the last Health Commission meeting, Monique Zmuda presented the preliminary year-end Revenue and Expenditure Report for the Department. As Mr. Doyle has been forecasting for the past several months, Population, Health and Prevention ended the fiscal year positively for both revenue and expenses. It is too early in the fiscal year just begun to determine any significant trends concerning revenue and expenses. Mr. Doyle revisited the new initiatives, which were incorporated into the 2000-2001 budget.

Housing and Prevention were two areas designated by the Department as highest priority. To this end, $500,000 of existing resources were redirected to specific prevention programs. Of this amount, $300,000 was used to fund the African American initiative, $100,000 for the immunization clinic, and $100,000 to the Office of Occupational Safety for prevention services aimed at the reduction of Workers Compensation claims. Housing services were increased by $1,227,000. The LeNain Hotel was funded for $640,000, and the capability of purchasing other rooms for the homeless and seniors augmented by $587,000.

In addition, PHP received $200,000 to treat soft tissue infection in an outpatient setting. Mental Health received $300,000 for Acute Diversion as well as $933,000 for Equal Access. Substance Abuse was given $700,000 for additional treatment on demand services. PHP also was given $700,000 to enable the system to place "the hard to place" in a more appropriate level of care. Finally, the Mayor's Office added $220,000 to be applied to the Walden House contract and $964,000 for wage increases for our non-profits with first priority given to those making less than $9 per hour.

New revenue generating initiatives in the amount of $5,887,125 were also approved in this year's budget. The preponderance of these dollars are for children's services, but a perusal of the listing uncovers a varied range of additional services including community alternatives to hospitalization, TB Control, and an STD Family Pact Program.

Population, Health and Prevention also received one-time funding added back by the Board of Supervisors in the amount of $2,037,300. Mr. Doyle sees in this budget Ms. Garcia's vision for services in the community.

Commissioner Guy expressed her appreciation to the PHP staff on its leadership with the budget. She acknowledged the direction to modernize and integrate all levels within the Department, with an emphasis on prevention. She supports this direction of the Department.

Commissioner Parker stated the Department is going in the right direction and is doing a tremendous job.

5) PRESENTATION OF THE HIV STATISTICS REPORT

(Steve Tierney, Director of HIV Prevention Services)

Mr. Tierney gave an overview of the recent report, "The San Francisco Department of Public Health and AIDS Research Institute/UCSF Response to the Updated Estimates of HIV Infection in San Francisco, 2000", (Attachment B). A copy of the complete report is available at the Commission Office.

Mr. Tierney reported the following activities as responses to the trends in HIV infections:

a) A recent RFP was issued to reach new populations
b) There will be a revision process for the HIV Prevention Plan, with strategies and interventions

c) There will be a consensus meeting in November to look at all of the data
d) Every three years an HIV Prevention RFP will be issued; services will be revised to reflect the data; a new revised plan will be adopted in April
e) Communication with the community is a high priority

Commissioner Guy stated the Commission is not looking for policy changes; the Commission supports evidence-based data and science to guide programs and to develop services. The Commission believes that science does count. She encouraged the Department to move forward.

Mr. Tierney reiterated the importance of outreach to communities that are not connected to research. Any changes in the HIV Prevention Plan will come to this Joint Conference Committee. He also emphasized the need to look at the comprehensive health needs of gay men.

Larry Meredith, Ph.D., Director of Prevention, commended Mr. Tierney for his vision and leadership in the HIV prevention area.

Commissioner Parker pointed out that with no cure or vaccine for AIDS, there needs to be more emphasis on prevention by changing behavior in terms of the risk factors.

Public Speakers:

Stephen Murray again criticized the evaluation of the Department's prevention programs; asked questions on the data, the rates for rectal gonorrhea and youth.

Michael Petrelis, AIDS-Statistics.Com, raised the issue of bathhouses; believes exact numbers on HIV incidence are needed; questioned the effectiveness of the HIV Prevention Planning Council.

6) PUBLIC COMMENTS

Neil Gendel, Healthy Children Organizing Project, reported on his efforts to file a lawsuit to seek compensation from the lead companies who are responsible for harm to children. He would like to see an overall policy to improve the living environment for children in order to have healthy children.

The meeting was adjourned at 11:25 a.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment (2)

Michael Petrelis
2215-R Market Street, #413
San Francisco, CA 94114
Phone: 415-621-6267

August 22, 2000

Ms. Barbara Garcia
Director, Population Health Prevention
San Francisco Department of Public Health
1380 Mission Street
San Francisco, CA 94103

Dear Ms. Garcia:

You sit on the federal Health Resources and Services Administration (HRSA) AIDS Advisory Committee as a representative of San Francisco to better influence policies and programs funded by the Ryan White CARE Act.

In your dual capacity as an administrator for the Department of Public Health and an advisor to HRSA's Ryan White financed programs, you have acquired tremendous power over direct services for people with HIV and AIDS in The City.

Yet, in the four years you have played dual roles over Ryan White CARE Act agencies here, you haven't provided the AIDS and gay communities with a single report about your work on the HRSA committee. Nor have you held any public meetings to solicit feedback from HIV positive clients of Ryan White agencies. How exactly can you advise the HRSA committee without direct and continuous input from people living with HIV and AIDS?

I wish to lodge a complaint with the DPH regarding your abject lack of communication, either verbally or in writing, about your extensive activities with the HRSA committee and the operation of Ryan White funded groups in San Francisco.

Also, I believe you have a duty to hold monthly public meetings with clients of Ryan White funded agencies, to better assist you in your HRSA advisory capacity. I ask that you start holding such public meetings in September.

I look forward to a rapid written reply.

Sincerely,

Michael Petrelis

Cc:
John Palenicek, PhD
HRSA

The DPH/ARI Response to the Updated Estimates of HIV Infection San Francisco, 2000

A Call To Action

- New HIV infections are going up among gay men in San Francisco.

- San Francisco needs a new prevention model -- one which recognizes the impact that successful HIV therapies have had on the gay community.

- The gay community needs to take the lead in developing a community response.

San Francisco has always been a leader in tracking the HIV epidemic.

- How: Convening expert panels to review HIV research, behavioral, evaluation and monitoring data. In May 2000, 25 studies were reviewed.

- Who: Epidemiologists, current & former HPPC & CARE Council members, DPH staff, SFGH staff, Office of the Mayor, UCSF researchers & clinicians, community members.

- What: Updated estimates on new HIV infection rates, prevalences, and trends in SF. This process allows opportunity to improve our programs.

- Why? Follow the trend.

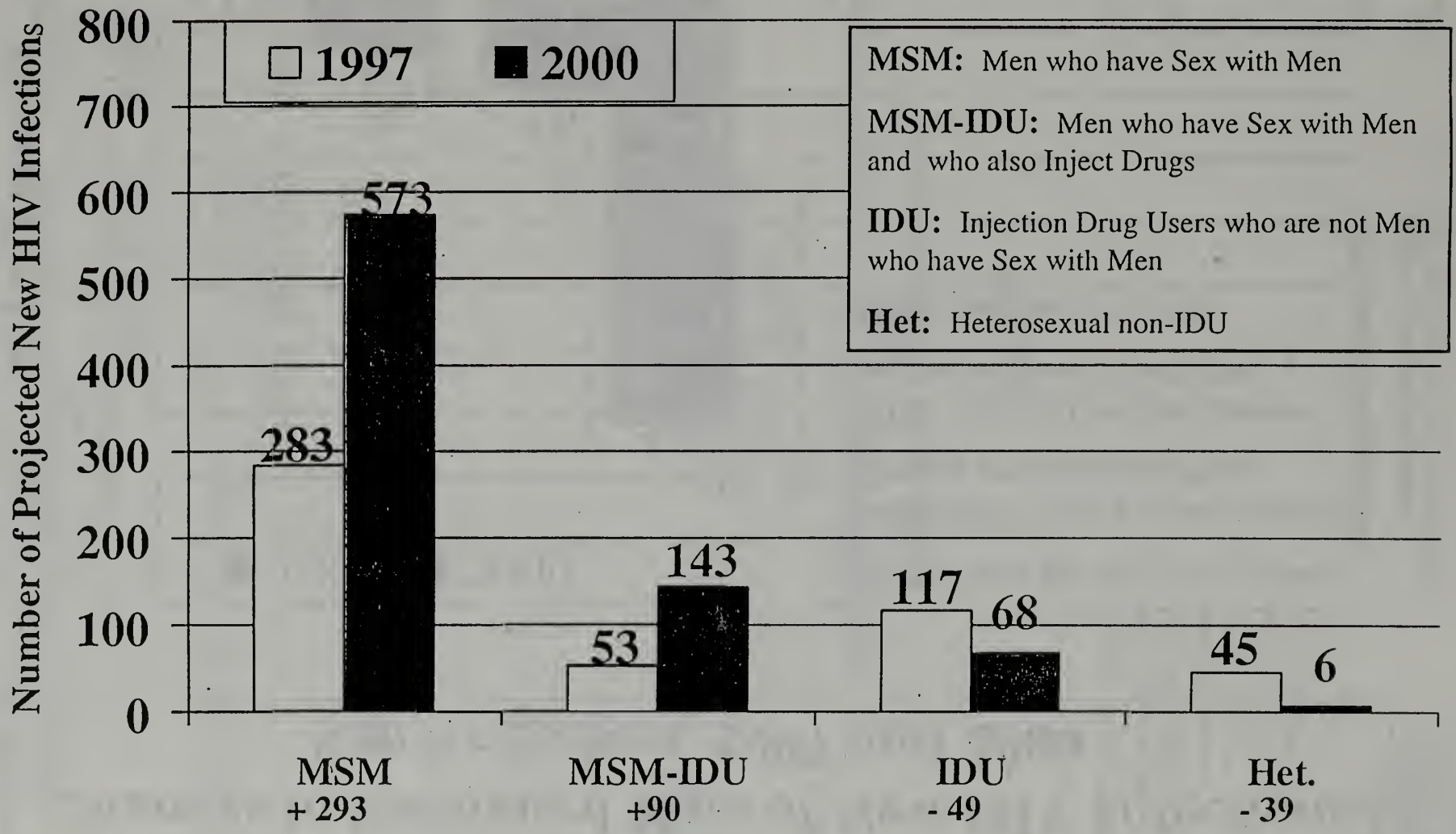
11 Point Action Plan for HIV Prevention In San Francisco

1. **OWNERSHIP** -- Take ownership of the epidemic, implementing culturally-specific, community-driven responses. Prevention is not done to a community, but by and with a community.
2. **CONDOMS FOR HIV POSITIVE TOPS WITH HIV NEGATIVE BOTTOMS.** Assume responsibility.
3. **CONDOMS FOR HIV NEGATIVE BOTTOMS WITH HIV POSITIVE TOPS.** Assume responsibility.
4. **KNOW YOUR CURRENT HIV STATUS.** Get HIV tested every six months if you've had risky sex or needle use. Seek care if you are HIV+.
5. **PREVENTION FOR POSITIVES.** Develop and expand HIV prevention programs that are designed by and for HIV positive individuals.
6. **ERADICATE BACTERIAL STDs IN GAY MEN.** Rectal GC, syphilis, chlamydia.
7. **RECOVERY.** Expand drug treatment. Mature our substance abuse services to address real life issues facing gay men such as the relationship between speed use, Viagra, and unprotected sex.
8. **COUNSEL.** Rebuild the network and services for mental health and wellness.
9. **POSITIVE CARE.** Get more HIV positive people into care, onto appropriate anti-viral treatments, on better treatment regimens, improve adherence and provide individually tailored counseling and care.
10. **REALITY CHECK.** It remains a fundamental truth that it is better to remain HIV negative. If you are HIV negative, you should stay that way!
11. **GAY MEN'S HEALTH MATTERS.** It is important that HIV prevention be nested within a broader health agenda for the community.

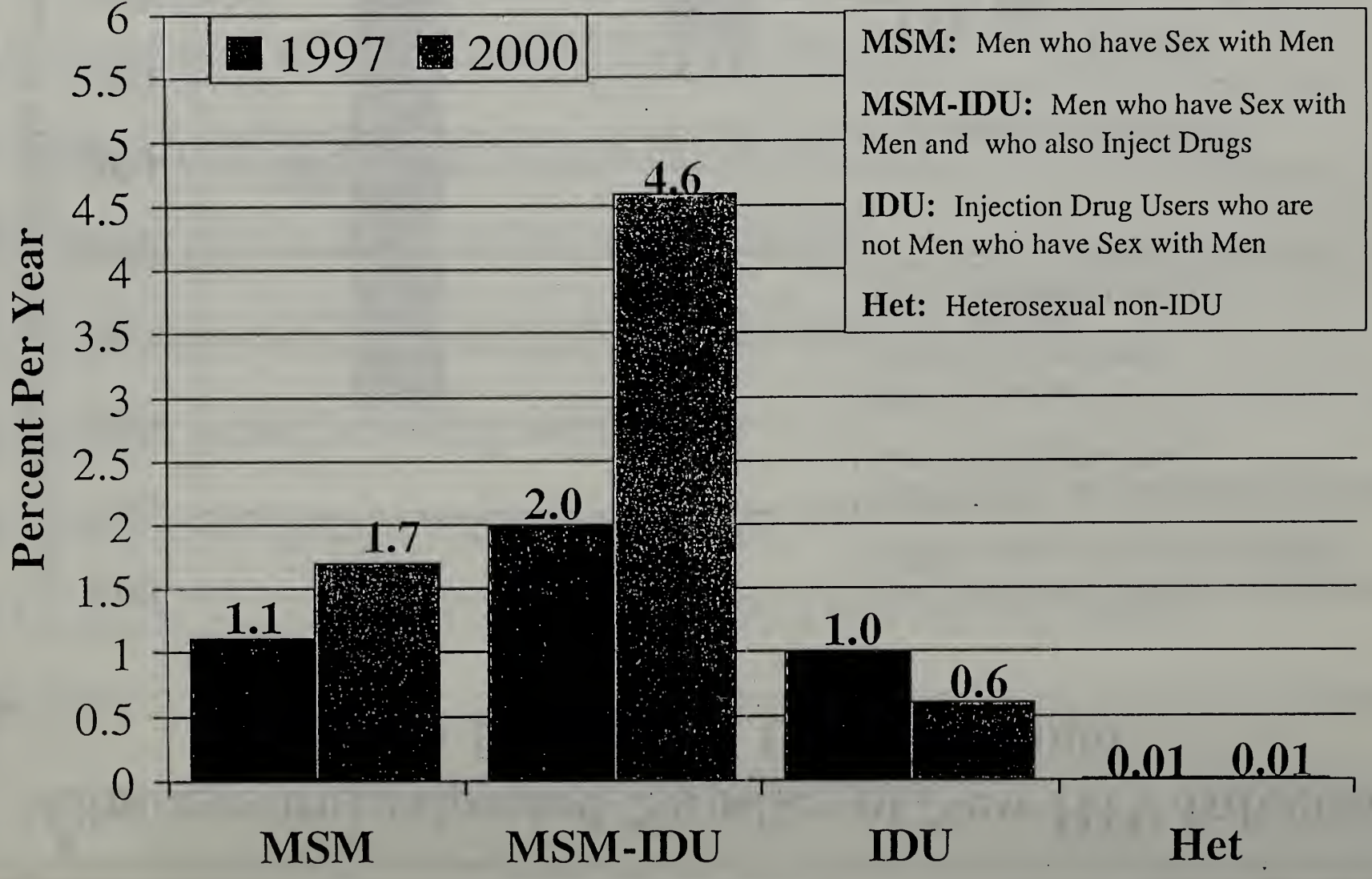
San Francisco HIV Prevention Indicators

- ↑ Incidence of HIV among a cohort study of Young MSM
- ↑ Incidence of HIV among MSM seeking anonymous HIV testing
- ↑ Incidence of HIV among MSM-IDU seeking HIV testing
- ↔ Stable, high HIV incidence in MSM seeking STD treatment
- ↑ Reports of rectal gonorrhea among MSM
- ↑ Frequency of STDs among MSM living with AIDS
- ↑ Number of MSM living with AIDS
- ↓ Consistent condom use among MSM
- ↑ Multiple partners and unprotected anal sex among MSM
- ↑ MSM engaging in unprotected anal sex with serodiscordant partners and/or with partners of unknown HIV status

Changes in Estimated Number of New HIV Infections San Francisco, 1997 and 2000



Changes in Estimated Rate of New HIV Infections San Francisco, 1997 and 2000



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AGENDA

JOINT CONFERENCE COMMITTEE FOR POPULATION HEALTH AND PREVENTION MEETING

Tuesday, September 26, 2000
10:00 a.m. – Noon
101 Grove Street, Room #220
San Francisco, CA 94102

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Commissioner Harrison Parker, Sr., D.D.S., Chairperson
Commissioner Roma P. Guy, M.S.W.

1) **CALL TO ORDER**

2) **PROPOSED ACTION: APPROVAL OF MINUTES FOR AUGUST 22, 2000**
**Minutes for August 22, 2000*

3) **FOR DISCUSSION: DIRECTOR'S REPORT**
(Barbara Garcia, PHP Director)
(Description of activities and operations of Population Health and Prevention Division)

4) **FOR DISCUSSION: FISCAL REPORT**
(Larry Doyle, Chief Financial Officer)

5) **FOR DISCUSSION: PRESENTATION ON THE HEPATITIS C PROGRAM**
(Dr. Tomas Aragon, Epidemiology/Disease Control and AIDS)
**Report*

6) OTHER BUSINESS/PUBLIC COMMENTS**

* **Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311.**

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6/00

MINUTES

JOINT CONFERENCE COMMITTEE FOR POPULATION HEALTH AND PREVENTION

Tuesday, September 26, 2000
10:00 a.m.
at
101 Grove Street, Room #220
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Joint Conference Committee for Population Health and Prevention was called to order by Chairperson Commissioner Harrison Parker, Sr., D.D.S., at 10:10 a.m.

Present: Commissioner Roma P. Guy, M.S.W.
Commissioner Harrison Parker, Sr., D.D.S.

DPH Staff: Barbara Garcia, Larry Doyle, Jessica Wolin, Tomas Aragon, M.D.

Commissioners Parker and Guy discussed with Ms. Garcia the composition of the JCC-PHP. The areas of mental health, fiscal, and prevention should be represented at these meetings. It also depends on the specific agenda items. Ms. Garcia will, in consultation with Commissioner Parker, decide the composition of the Committee.

2) APPROVAL OF MINUTES FOR AUGUST 22, 2000

Action Taken: The Committee adopted the minutes of August 22, 2000.

3) **DIRECTOR'S REPORT**
(Barbara Garcia, PHP Director)

PERSONNEL

CMHS Director
Jo Ruffin, Director of Community Mental Health Services, who has been on leave recuperating from hip replacement surgery, will return to work on September 28, 2000. Nancy Presson, Director of Managed Care, was acknowledged for stepping in as Interim Director of CMHS during Jo's absence.

PROGRAM UPDATES

Pedestrian and Traffic Safety
Community Health Promotion and Prevention (CHPP) announced that it was recently awarded a 2-year $800,000 grant from the State's Office of Traffic Safety for its proposal to use a community-based mini-grant program to improve traffic and pedestrian safety in San Francisco. Traffic and pedestrian safety has become a major focus for CHPP. This grant will expand coordination and collaboration beyond the traditional traffic safety, participants to include a broader range of community members, community-based agencies and other partners. This grant will allow the Department to plan, implement and evaluate innovative solutions to pedestrian and traffic safety challenges.

AB 2034
The State Department of Mental Health has selected Community Mental Health Services' (CMHS) proposal as a finalist for funding for integrated services for the homeless mentally ill. Next week, CMHS will be interviewed by the State's Director of Mental Health in the final part of the award process. If awarded, CMHS could receive over $2 million. These funds would support an integrated service team for 120 homeless or formerly homeless clients, along with support services for those clients including 55 permanent, transitional and respite housing slots. In addition, the funding would support an early intervention initiative to support families whose mentally ill family member is living at-home, as well as the expansion of a police training initiative. CMHS expects to receive results of the State selection process in the first week of October.

Business and Labor Talk Treatment Conference
On October 24, 2000, the San Francisco Department of Public Health and the San Francisco Labor Council will present the conference ***"Business and Labor Talk Treatment."*** This one-day conference will begin the process of involving the business and labor communities in addressing drug and alcohol abuse in the workforce and in the community.

The conference will present the scope of the problem, particularly as it relates to business and labor. It will also highlight national model substance abuse treatment programs and feature a panel discussion of successful local response to the epidemic. The conference audience will be comprised of local business leaders, labor, and service providers.

Bridging the Gap Conference
"Bridging the Gap in San Francisco: Harm Reduction Research, Policy, and Practice" is scheduled for January 11-12, 2001 at the San Francisco War Memorial, Herbst Theater. This conference will target a national audience and highlight San Francisco's role in successful implementation of harm reduction policies, practices, and research. The conference is being planned by a group consisting of treatment providers, scientists, consumer advocates, and administrators and is led by Community Substance Abuse Services. Collaborating agencies include local and national

groups involved with providing services to substance abusers, including treatment, housing, mental and physical health care, as well as consumers, families, and advocacy groups.

An Abstract and Save the Date flyer has gone out to providers and executive directors of various programs under Population Health and Prevention, including providers of the Practice, Research, Collaborative and the Lindesmith Center. Registration forms will be available after October 15.

LGBTQQ Young Adult Transitional Housing Program

The Department plans to begin operation of the Lesbian, Gay, Bisexual, Transgender, Queer and Questioning (LGBTQQ) Young Adult Transitional Housing Program at 2500 Market Street in late November. The program will be managed by Ark of Refuge and will accommodate 15 LGBTQQ young adults ages 18-23, who are residents of San Francisco, and are homeless or are at risk of being homeless. All clients will have a service plan that will address client's individual needs. Clients will be provided services for 3 to 6 months. Services on-site will include counseling and case management. Referrals will be made for primary care, mental health and substance abuse services, and other critical services.

Budget Process

Although PHP has only just begun fiscal year 2000-01, PHP has started planning for fiscal year 2001-02. As in last year, PHP will approach the budget process as a time to refine its goals and identify priority new initiatives. The PHP Management Team and Operations Group will lead the Division through its planning. PHP will ensure that the strategic planning process is used as the basis to identify innovative financial strategies and that the new initiatives built on existing successes, meet critical needs and focus on integration of program areas. To date, PHP has created a time-line of the budget process and laid out goals for the year. Within each goal PHP will have priority budget proposals. These goals include:

1. Ensure that clients have access to and receive the most appropriate care
2. Prevent disease and injury
3. Address the health needs of vulnerable populations
4. Provide staff with training to ensure efficient, effective and safe delivery of services
5. Ensure the stability of community based services

In a discussion on the siting process in the neighborhoods, Commissioner Guy recalled that the community around the Harrison Street Clinic site was given assurance from the Department that no new programs would be added without consultation with the community. It is important to the community that the Department follows through with its commitment.

Commissioner Parker complimented Ms. Garcia for her leadership, emphasizing integration and prevention. He believes she is leading the PHP in the right direction. No matter how well PHP does, there will still be some opposition.

Ms. Garcia would like to provide the Budget Committee Commissioners with information on the range of treatment modalities and the cost factors for programs.

4) FISCAL REPORT
(Larry Doyle, Chief Financial Officer)

Mr. Doyle presented the PHP Revenue and Expenditure Report (Attachment A) for the month ending July 2000. Although the numbers are very preliminary, we are projecting a surplus of $856,420.

At this point, PHP anticipates revenue shortfalls of approximately $1 million. Offsetting these reductions in revenues are anticipated expenditure savings of $1.9 million.

The revenue shortfall has two major components. Mr. Doyle anticipates a shortfall of $630,000 in Mental Health Medicare collections and is anticipating a $300,000 shortfall in Substance Abuse revenues., Both of these shortfalls are fully offset on the expenditure side.

Mr. Doyle stated that these are preliminary numbers and, as such, no real trends have emerged. Therefore, these estimates could be changing dramatically over the next several months.

Commissioner Parker posed the question of whether the Division is obtaining the grants and reimbursable funds at the maximum level. PHP is streamlining its grant process.

Commissioner Guy believes the public needs to be educated and informed that the deficit within the Department is a result of less revenue opportunities.

5) **PRESENTATION ON THE HEPATITIS C PROGRAM**
(Dr. Tomas Aragon, Epidemiology/Disease Control and AIDS)

Dr. Aragon gave an overview of the Community Health and Epidemiology and Disease Control Division, information about the Hepatitis C virus (HCV) infection, the Recommendations for Prevention and Control of HCV Infection and HCV-Related Chronic Disease, and a list of resources. For a copy of the full report is available at the Commission Office.

Dr. Aragon stated there is a need to develop a comprehensive registry for people with Hepatitis C.

Ms. Garcia also would like to look at the workforce impact from HCV. She supports the multi--infection approach of Dr. Aragon.

6) **OTHER BUSINESS/PUBLIC COMMENTS**

Public Speakers:

John Barr, Diagnostic Radiologist, Pacific Imaging Consultants, Coro Fellow with DPH Policy and Planning, recommended, as a prevention and education strategy, a video presentation of the HCV treatment process to high-risk patients.

Ms. Garcia suggested a framework definition for integration be developed.

The meeting was adjourned at 11:55 a.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

DEPT (82) DPH - CENTRAL ADMINISTRATION AND POPULATION HEALTH AND PREVENTION - ALL
REVENUES THRU AUGUST, 2000 (GENERAL FUND, WORK ORDER FUND, ANNUAL AND CONTINUING PROJECTS FUND)
FY 2000-01 PER ON LINE FAMIS AS OF 09/14/00

DESCRIPTION	BOARD APPROVED BUDGET (1)	REVISIONS		TOTAL REVISED BUDGET	REALIZED REVENUES THIS MO	REALIZED REVENUES TO DATE	PROJECTED REALIZED THRU 06/30/01	PROJECTED SURPLUS <DEFICITS>
SHORT DOYLE	8,579,348	0		8,579,348	0	0	8,579,348	0
S/D MEDICAL	27,929,490	0		27,929,490	0	0	27,729,490	(200,000)
MEDI CAL	10,502,424	0		10,502,424	261,077	608,702	10,239,365	(263,059)
MEDI CARE	1,001,000	0		1,001,000	30,967	74,841	486,569	(514,431)
PATIENT REVENUES	4,950,745	0		4,950,745	1,545,306	1,601,397	5,118,785	168,040
STATE ALCOHOL	14,934,103	0		14,934,103	0	0	14,834,103	(100,000)
PROP 99/AB 75	1,124,429	0		1,124,429	0	0	1,124,429	0
MISC REVENUES	10,996,266	0		10,996,266	636,742	1,204,109	10,827,358	(168,908)
TRANSFERS IN	0	0		0	0	0	0	0
ST REALIGNMNT/HEALTH	23,461,500	0		23,461,500	0	0	23,461,500	0
ST REALIGNMNT/MNTL HLTH	52,325,700	0		52,325,700	0	0	52,325,700	0
ST REALIGNMNT/SOC SVCS	508,492	0		508,492	0	0	508,492	0
WO RECOVERIES	12,561,795	0		12,561,795	0	0	12,561,795	0
SUBTOTAL	168,875,292	0		168,875,292	2,474,092	3,489,049	167,796,934	(1,078,358)
APPROPRIATED/BUDGETED CF	0	9,674,515	(2)	9,674,515			9,674,515	0
GENERAL FUND	97,856,755	228,105	(2)	98,084,860			98,084,860	0
BAD DEBTS	0	0		0			0	0
TOTAL REVENUES	266,732,047	9,902,620		276,634,667	2,474,092	3,489,049	275,556,309	(1,078,358)
LESS: EXPENDITURES	266,732,047	9,902,620		276,634,667			274,699,889	1,934,778
SURPLUS/<DEFICITS>	0	0		0			856,420	856,420

FOOTNOTES:

(1) Reflects Phase D Board Approved Budget consisting of:

General Fund $351,270,481 <less> SB 855 $98,224,658	253,045,823
Prop 99	1,124,429
Work Order Recoveries	12,561,795
Total	266,732,047

(2) Reflects transfer of $228,105 from Forensics. Also reflects encumbrances carriedforward of $6,690,675 and Managed Care prior years appropriation carriedforward of $2,983,841.

DEPT (82) DPH - CENTRAL ADMINISTRATION AND POPULATION HEALTH AND PREVENTION - ALL
EXPENDITURES THRU AUGUST, 2000 (GENERAL FUND, WORK ORDER FUND, ANNUAL AND CONTINUING PROJECTS FUND)
FY 2000-01 PER ON LINE FAMIS AS OF 09/14/00

DESCRIPTION	BOARD APPROVED BUDGET	REVISIONS	TOTAL REVISED BUDGET	EXPEND/ENCUMB		PROJECTED EXP/ENC THRU 06/30/01	PROJECTED SURPLUS <DEFICITS>
				THIS MO	TO DATE		
PERSONNEL							
SALARIES	63,443,603	0	63,443,603	6,792,065	7,840,788	62,550,347	893,256
MFB	14,303,258	0	14,303,258	1,574,265	1,841,789	14,261,736	41,522
SUBTOTAL	77,746,861	0	77,746,861	8,366,330	9,682,577	76,812,083	934,778
CONTRACTUAL SERVICES	173,893,567	6,878,854	180,772,421	34,577,015	82,500,271	179,772,421	1,000,000
MISCELLANEOUS:							
MATERIALS & SUPPLIES	4,256,895	617,565	4,874,460	676,626	931,469	4,874,460	0
EQUIPMENT	115,733	1,691,467	1,807,200	24,765	49,530	1,807,200	0
WO/MISCELLANEOUS	10,718,991	714,734	11,433,725	1,062,776	5,693,624	11,433,725	0
TRANSFERS OUT	0	0	0	0	0	0	0
SUBTOTAL	15,091,619	3,023,766	18,115,385	1,764,167	6,674,623	18,115,385	
TOTAL EXPENDITURES	266,732,047	9,902,620	276,634,667	44,707,512	98,857,471	274,699,889	1,934,778

FOOTNOTES:

Roma P. Guy, M.S.W.
President

John I. Umekubo, M.D.
Vice President

dward A. Chow, M.D.
Commissioner

457
Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

31/00

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
FAX: (415) 554-2665
Website: http//www.dph.sf.ca.us

AGENDA

JOINT CONFERENCE COMMITTEE FOR POPULATION HEALTH AND PREVENTION MEETING

Tuesday, October 31, 2000
10:00 a.m. – Noon
101 Grove Street, Room #220
San Francisco, CA 94102

DOCUMENTS DEPT.

OCT 24 2000

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PUBLIC LIBRARY

Commissioner Harrison Parker, Sr., D.D.S., Chairperson
Commissioner Roma P. Guy, M.S.W.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF MINUTES FOR SEPTEMBER 26, 2000**
**Minutes for September 26, 2000*

3) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Barbara Garcia, PHP Director)
(Description of activities and operations of Population Health and Prevention Division)

4) **FOR DISCUSSION:** **FISCAL REPORT**
(Larry Doyle, Chief Financial Officer)

5) **FOR DISCUSSION:** **PRESENTATION ON THE DEPARTMENT OF PUBLIC HEALTH STRATEGIC PLAN**
(Tangerine Brigham, Director of Policy ;and Planning)
**Proposed draft plan*

6) **FOR DISCUSSION:** **PRESENTATION OF AB 2034**
(Jo Ruffin, Director of Community Mental Health Services)
**Information*

7) **OTHER BUSINESS/PUBLIC COMMENTS****

* **Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311.**

** **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access

Room #220, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 923-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at:

Sunshine Ordinance Task Force
Donna Hall, Administrator
City Hall, Room #244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

Telephone: (415) 554-7724
Fax: (415) 554-5163
E-mail: Donna_Hall@ci.sf.ca.us

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us**.

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1/31/00

Roma P. Guy, M.S.W.
President

John L. Umekubo, M.D.
Vice President

Edward A. Chow, M.D.
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

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MINUTES

JOINT CONFERENCE COMMITTEE FOR POPULATION HEALTH AND PREVENTION

DOCUMENTS DEPT.

NOV 27 2000

SAN FRANCISCO
PUBLIC LIBRARY

Tuesday, October 31, 2000
10:00 a.m.
at
101 Grove Street, Room #220
San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Joint Conference Committee for Population Health and Prevention was called to order by Chairperson Commissioner Harrison Parker, Sr., D.D.S., at 10:07 a.m.

Present: Commissioner Roma P. Guy, M.S.W.
Commissioner Harrison Parker, Sr., D.D.S.

DPH Staff: Barbara Garcia, Jessica Wolin, Monique Zmuda, Jimmy Loyce, Tangerine Brigham, Larry Meredith, Louise Rogers, Jim Stillwell, Linda Wang, Gene O'Connell

2) APPROVAL OF MINUTES FOR SEPTEMBER 26, 2000

Action Taken: The Committee adopted the minutes of September 26, 2000.

3) **DIRECTOR'S REPORT**
(Barbara Garcia, PHP Director)
(Description of activities and operations of Population Health and Prevention Division)

Personnel

Pedestrian Safety Project

Ms. Garcia announced that Stanley Sciortino, Ph.D., as the OTS Pedestrian Safety Project Epidemiologist, will begin the work of developing the multisource (agency) database and analysis of pedestrian deaths and injuries. This analysis will inform our current and future prevention efforts.

Ms. Garcia reported a public hearing on Bayview Hunters Point Foundation at the Finance Committee of the Board of Supervisors.

Program Updates

Youth Violence Prevention

A new 2-year grant award has been made to the Community Health Education Section by SAMSHA for youth violence prevention linked to mental health promotion and substance abuse prevention. The first year is for $195,000; the second year, if approved, will be for $200,000. Two neighborhoods will engage youth developing a plan to address those issues. A citywide oversight committee will work with the youth and relate the neighborhood planning to citywide planning. This grant will require new staff as well as contracts.

Action Point II

PHP has received a multiyear grant award for Action Point II totaling $1,481,154 ($496,520 FY 2001, $492,317 FY 2002 and 2003). The Center for Substance Abuse Treatment has awarded the grant to the Health Department's Community Substance Abuse Services and Housing and Urban Health Administration for the period October 1, 2000 to September 30, 2003.

This funding will be used to support the second Action Point Adherence Project (AP II) to be located in the Bayview/Hunter's Point District. Action Point is a medication adherence support program that assists HIV infected urban poor individuals to adhere to antiretroviral medications. The original Action Point Adherence Project (AP I) is located in the South of Market District and is funded locally. In addition to medication storage and dispensing, AP II staff will provide case management, nursing management and advocacy, treatment advocacy, substance abuse counseling, housing support and referral for psychiatric services. In addition to these services, funding from this grant will also support between 40-50 methadone maintenance slots for the 70 Action Point II clients.

Homeless Count

PHP staff assisted in the planning and coordination of the Mayor's Homeless Count that was conducted on Thursday, October 26 from 9:00 p.m. to 1:00 a.m. Over 150 volunteers canvassed the streets of San Francisco to count the homeless on the streets. This snapshot survey will be utilized for short and long term planning efforts by the Mayor's Office on Homelessness. Jimmy Loyce was a Team Captain for the West of Twin Peaks' area.

Post-Earthquake Building Safety Assessment Training

The Emergency Response Committee for CMHS and CSAS are conducting training entitled "Post-Earthquake Building Safety Assessment" on Tuesday, October 31 from 1:00 to 5:00 p.m. at the Fort Mason Center. The presenter is Robert Bruce, licensed structural engineer, who will be training staff on post-earthquake building safety evaluation procedures as well as risk and damage assessment information.

SAGE

Congratulations to the SAGE Project upon receiving the Peter F. Drucker Foundation for Nonprofit Management Award for Nonprofit Innovation. The SAGE Project, dedicated to helping prostitutes get off the streets and to build violence and abuse-free lives, received the award for their Peer Educator Training Program, which the Drucker Foundation calls an "outstanding example of superb social sector innovation." SAGE provides substance abuse treatment services to women, and Norma Hotaling, SAGE Executive Director, is a member of the DPH Treatment on Demand Planning Council.

Halloween 2000 Field Care Clinic

For the Halloween festivities in the Castro area, DPH will again be providing services during the event. There will be a Field Care Clinic set up on 18th and Collingwood Streets (at the tennis courts) for first aid and the assessment/treatment of minor cuts, sprains and other medical conditions. PHP staff members have been distributing notices about the clinic around the neighborhood to inform the residents that it will be in operation from 6:00 p.m. to 2:00 a.m. A phone line (255-3501) has been set up to address any concerns or questions that the neighbors may have.

Winter Shelter Planning

The City has begun planning for the winter emergency shelter beds. The Mayor's Office on Homelessness is taking the lead in the planning. They are projecting an increase of 150 beds over last year. The Mayor's Office would like to develop a shelter specifically for seniors and also expand the capacity for families. The projected date is December 1st, but they will try to move it up to mid-November. Churches are being enlisted to participate.

4) FISCAL REPORT

(Larry Doyle, Chief Financial Officer)

Ms. Zmuda presented the PHP Revenue and Expenditure Report for the first quarter ending September 2000, (Attachment A). Mr. Doyle is anticipating a surplus of $1,043,114. This represents an increase of $186,694 from his previous report. While a surplus is estimated, it should be noted that our revenue projection is slightly under the budgeted amount. While there are several contributing factors, the major problem is in the area of Mental Health Medicare. PHP is currently working with Mental Health staff to develop a strategy for minimizing the impact of this shortfall on the current year budget. For the ensuring budget period, PHP will be reducing our estimate to a more achievable level.

On the expenditure side, PHP is holding up expenditures to cover the revenue shortfall. In addition, PHP is achieving salary savings over and above the requirement of the surplus; this accounts for approximately $341,000. However, the fringe benefit account is running a slight deficit of $144,000 for a net salary and fringe surplus of $197,000.

5) PRESENTATION ON THE DEPARTMENT OF PUBLIC HEALTH STRATEGIC PLAN

(Tangerine Brigham, Director of Policy and Planning)

Tangerine Brigham reviewed the proposed Department's Strategic Plan (available in the Commission Office). Comments and input from the various Joint Conference Committees will go to the Steering Committee on November 15th. In December, the proposed Strategic Plan will go before the full Commission after review by the Director of Health.

Commissioner Guy encouraged the PHP staff to comment and give their perspective on the Plan.

PHP Staff Comments:

- Plan lacks the goal of cultural competency, including access, staffing and recruitment issues
- As part of integration implementation, when there is blended funding, how would accountability be incorporated?
- Need for a systematic approach connected to data and costs when considering reductions
- How to support community-based organizations (i.e., COLA's, infrastructure, evaluation); do CBO's address the strategic direction of the Department
- Prevention should be tied to specific populations
- Dilemma is how the Strategic Plan could help to shift funds to put emphasis on prevention
- Need to have multiyear objectives
- Need to have a prevention side and an acute side of the Department
- Need to identify prevention activities attached to the service strategies
- Clients should be the center of attention
- Skeptical of a Strategic Plan but the Department needs a Strategic Plan, which gives permission to do what the Department needs to do
- Have to do both prevention and services; and what areas will be well funded?

Commissioner Parker commented that treating the most vulnerable is the most expensive; there are no excess monies, but we keep going the same way to solve problems; prevention should be the priority in the Strategic Plan; need options or alternatives in the Plan; advocates 1% of the budget be allocated to prevention. He asked about the feasibility for universal healthcare for the vulnerable at the local level.

Commissioner Guy posed the question of what are the strategic ways to change the Department's direction? How does the Plan help to move towards prevention? For universal health care, where would you put prevention?

Public Speaker: Neil Gendel promoted healthy housing; does not see a focus on what prevention is.

6) PRESENTATION OF AB 2034

(Louise Rogers, Director of Community Mental Health Services)

Ms. Rogers presented an overview of AB 2034, (Attachment B). She reported the Department has submitted a $2.5 million proposal request to the State Mental Health Department for Integrated Services for Homeless People with Mental Illness. A copy of the full proposal is available at the Commission Office. The components include an integrated services program, housing, police training expansion, evaluation, and family support.

Commissioner Parker acknowledged the Department's work in seeking State funding for this vulnerable population.

Ms. Garcia would bring a 6-month update on this program.

Commissioner Guy would like to discuss at a future JCC meeting the lessons learned from this program.

7) **OTHER BUSINESS/PUBLIC COMMENTS**

None.

The meeting was adjourned at 12:07 p.m.

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (2)

DEPT (82) DPH - CENTRAL ADMINISTRATION AND POPULATION HEALTH AND PREVEN ION - ALL
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S/D MEDICAL	27,929,490	0		27,929,490	3,340,588	3,340,588	27,729,490	(200,000)
MEDI CAL	10,502,424	0		10,502,424	(79,930)	499,028	10,090,981	(411,443)
MEDI CARE	1,001,000	0		1,001,000	(117,108)	(42,716)	410,420	(590,580)
PATIENT REVENUES	4,950,745	0		4,950,745	(1,074,283)	527,114	5,730,786	780,041
STATE ALCOHOL	14,934,103	0		14,934,103	2,489,016	2,489,016	14,834,103	(100,000)
PROP 99/AB 75	1,124,429	0		1,124,429	0	0	1,124,429	0
MISC REVENUES	10,996,266	0		10,996,266	684,988	1,889,097	11,338,842	342,576
TRANSFERS IN	0	0		0	0	0	0	0
ST REALIGNMNT/HEALTH	23,461,500	0		23,461,500	3,273,255	3,273,255	23,461,500	0
ST REALIGNMNT/MNTL HLTH	52,325,700	0		52,325,700	4,835,677	4,835,677	52,325,700	0
ST REALIGNMNT/SOC SVCS	508,492	0		508,492	59,751	59,751	508,492	0
WO RECOVERIES	12,561,795	1,475,356	(2)	14,037,151	0	0	14,037,151	0
SUBTOTAL	168,875,292	1,475,356		170,350,648	13,480,956	16,939,812	170,171,242	(179,406)
APPROPRIATED/BUDGETED CF	0	13,911,638	(2)	13,911,638			13,911,638	0
GENERAL FUND	97,856,755	228,104	(2)	98,084,859			98,084,859	0
BAD DEBTS	0	0		0			0	0
TOTAL REVENUES	266,732,047	15,615,098		282,347,145	13,480,956	16,939,812	282,167,739	(179,406)
LESS: EXPENDITURES	266,732,047	15,615,098		282,347,145			281,124,625	1,222,520
SURPLUS/<DEFICITS>	0	0		0			1,043,114	1,043,114

FOOTNOTES:

1) Reflects Phase D Board Approved Budget consisting of:

General Fund $351,270,481 <less> SB 855 $98,224,658	253,045,823
Prop 99	1,124,429
Work Order Recoveries	12,561,795
Total	266,732,047

2) Reflects $1,475,356 prior years work order carriedforward and transfer of $228,105 from Forensics. Also reflects $3,984,700 appropriation carriedforward, $6,690,675 encumbrances carriedforward, and Managed Care prior years appropriation carriedforward of $3,236,263.

DEPT (82) DPH - CENTRAL ADMINISTRATION AND POPULATION HEALTH AND PREVENTION - ALL
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SALARIES	63,443,603	0	63,443,603	4,415,157	12,255,945	63,102,907	340,696
MFB	14,303,258	0	14,303,258	1,023,686	2,865,475	14,447,034	(143,776)
SUBTOTAL	77,746,861	0	77,746,861	5,438,843	15,121,420	77,549,941	196,920
CONTRACTUAL SERVICES	173,893,567	10,471,576	184,365,143	5,239,129	87,739,400	183,339,543	1,025,600
MISCELLANEOUS:							
MATERIALS & SUPPLIES	4,256,895	1,170,245	5,427,140	86,889	1,018,358	5,427,140	0
EQUIPMENT	115,733	3,181,823	3,297,556	(24,765)	24,765	3,297,556	0
WO/MISCELLANEOUS	10,718,991	791,454	11,510,445	115,052	5,808,676	11,510,445	0
TRANSFERS OUT	0	0	0	0	0	0	0
SUBTOTAL	15,091,619	5,143,522	20,235,141	177,176	6,851,799	20,235,141	0
TOTAL EXPENDITURES	266,732,047	15,615,098	282,347,145	10,855,148	109,712,619	281,124,625	1,222,520

FOOTNOTES:

FACT SHEET

AB2034 Integrated Services for Homeless Persons with Mental Illness

San Francisco Community Mental Health Services, Department of Public Health

What is AB 2034?

- AB 2034 is State Legislation that provides funding for County Mental Health Departments to expand services for mentally ill individuals who are or at-risk of homelessness.

- Over the last several years, the Department of Public Health, the Mayor's Office, members of the Board of Supervisors and other public agencies, service providers, advocates, consumers and family members have worked closely together to identify the needs of the homeless mentally ill and strategies for serving them more effectively. The intent and provisions outlined in AB 2034 is ideally matched to the identified needs of San Francisco's homeless and at-risk for homeless with mental illness.

Proposed Integrated Services for Homeless: Expansion of Mobile Outreach and Treatment

In response to the State Department of Mental Health's request for a description of a proposed plan for serving the targeted populations of AB 2034, San Francisco Community Mental Health Services (CMHS) has proposed the expansion of the Mobile Support and Treatment Team (MOST) of the South of Market Mental Health Clinic. MOST will utilize mobile professional and peer outreach workers to engage and provide serves to at least 120 adult homeless individuals with mental illness, on the streets and at sites where those homeless and at-risk for homelessness can be engaged, including shelters, programs that serve the homeless, Psychiatric Emergency Services and the jails.

Goals of the Program:

- Reduce hospitalization
- Reduce psychiatric emergency episodes
- Reduce arrests and incarceration
- Improve quality of life through participation in meaningful activities including employment
- Improve retention of individuals in appropriate treatment
- Increase linkages to entitlements

Targeted Mentally Ill Homeless and At-risk for Homelessness Population:

- Transition age youth (18-25)
- Ethnic composition, primarily African American, Caucasian and Latino
- Dual or multiply diagnosed adults 18 and older, recently discharged from hospitals, jail or other institutions

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AGENDA

JOINT CONFERENCE COMMITTEE FOR POPULATION HEALTH AND PREVENTION MEETING

Tuesday, November 28, 2000
10:00 a.m. – Noon
101 Grove Street, Room #220
San Francisco, CA 94102

DOCUMENTS DEPT.

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Commissioner Harrison Parker, Sr., D.D.S., Chairperson
Commissioner Roma P. Guy, M.S.W.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF MINUTES FOR OCTOBER 31, 2000**
**Minutes for October 31, 2000*

3) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Barbara Garcia, PHP Director)
(Description of activities and operations of Population Health and Prevention Division)

4) **FOR DISCUSSION:** **FISCAL REPORT**
(Larry Doyle, Chief Financial Officer)

5) **FOR DISCUSSION:** **PRESENTATION ON THE COMMUNITY HEALTH PROMOTION AND PREVENTION SECTION**
(Larry Meredith, Ph.D., Director of CHP&P)

6) OTHER BUSINESS/PUBLIC COMMENTS**

* **Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311.**

** **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

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MINUTES

JOINT CONFERENCE COMMITTEE FOR POPULATION HEALTH AND PREVENTION

Tuesday, November 28, 2000
10:00 a.m.
at
101 Grove Street, Room #220
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Joint Conference Committee for Population Health and Prevention was called to order by Chairperson Commissioner Harrison Parker, Sr., D.D.S., at 10:05 a.m.

Present: Commissioner Roma P. Guy, M.S.W.
Commissioner Harrison Parker, Sr., D.D.S.

PHP Staff: Barbara Garcia, Larry Doyle, Larry Meredith, Jessica Wolin, Mildred Crear, Brian Catcher, Karen Cohn, Nancy Presson, Cynthia Selmar, Kate Monico-Klein, Jimmy Loyce, Karen Pierce, Brian Beasley

2) APPROVAL OF MINUTES OF THE JCC-PHP MEETING OF OCTOBER 31, 2000

Action Taken: The Committee adopted the minutes of October 31, 2000.

3) **DIRECTOR'S REPORT**
(Barbara Garcia, PHP Director)

Personnel

Housing and Urban Health
Two Population Health and Prevention Sections, Housing Services and Urban Community Health, recently merged to form a new section entitled Housing and Urban Health (HUH). HUH will continue to support the housing functions of DPH, which includes the development of new community-based housing options for homeless people and people with disabilities, and the administration of those existing contracts. In addition, this new Section will continue to coordinate the existing Action Point Adherence Project, as well as the new Action Point/Bayview and the new medical clinics at needle exchange sites and other service projects that focus on treatment and prevention for the urban poor. The merging of these two Sections will provide a greater breath of experience so that medical oversight can be incorporated into housing programs, with the potential for greater integration of housing and health services directed towards the urban poor.

Program Updates

AB 2034
The State Director of Mental Health has announced that Community Mental Health Services (CMHS) will receive $1,661,167 for FY 2000-01, and $2,300,000 for FY 2001-02 for integrated services for the homeless mentally ill. The funding has been awarded as a result of Assembly Bill 2034 and a statewide competition that resulted in 26 counties receiving a total of $54.8 million dollars.

The funds will allow CMHS to provide a comprehensive array of services to individuals who are homeless or at-risk of homelessness and mentally ill. Along with mental health and substance abuse treatment, the funds will provide for other essential services including housing, employment, life skill s coaching and social support. The new funds will provide 120 new slots for individuals to receive services through the Mobile Outreach Support and Treatment (MOST) Team in the South of Market area. Additionally, 55 beds will be created for permanent, respite, and transitional housing.

Proposition 36
Ms. Garcia presented a summary of the program overview, funding, reporting/evaluation for Prop 36, which requires that non-violent drug possession receive drug treatment and supervision in the community, rather than incarceration.

Barbara Garcia and Terence Hallinan will co-chair an Oversight Committee. There will be vigilance from CCSF on the formula for funding certification which would occur at the local level. The Department needs to look at the population to be served. Phyllis Harding, CSAS Director, will be meeting with Sacramento officials.

Winter Emergency Shelters
PHP has been working with the Mayor's Office on Homelessness and the Department of Human Services (DHS) for the winter emergency shelters. The opening of these additional shelter beds was projected for December 1, 2000. However, with the unusually cold weather in November, some facilities were opened early. The organizations and churches that will be participating at this point are Bethel AME, Providence, St. Marks Lutheran, Canon Kip, Trinity Episcopal Church, St. Mary's Cathedral, Old First Presbyterian Church, and First Unitarian. A list of the interfaith shelter sites. was available. Discussions with additional churches are currently in progress.

Reentry Court

San Francisco is participating in a non-funded pilot project with the U.S. Department of Justice to develop a reentry court that would reduce crime and offender recidivism among violent offenders returning to San Francisco from the County Jail. Several departments are working together to design and implement the pilot which include DPH, Mayor's Criminal Justice Council, Courts Administration, Adult Probation, Public Defender, District Attorney, and the Sheriff's Department as the lead agency. The program will provide a more comprehensive program of graduated release and supervision for this population. This may take the form of mandating continued involvement in the Sheriff's Department RSVP program of violence reeducation classes and other recovery services such as residential treatment. Reentry courts need to have funding for treatment services.

Multi-Service Centers

The Department of Human Services (DHS) is in the process of developing requests for proposals (RFP) for Multi-Service Center North and Multi-Service Center South. These will be going out in the next few weeks. Several community and provider sessions were conducted to solicit input on the design of the program and this information will be utilized for the development of the RFPs. The planning and development has been in collaboration with DHS, DPH, and the Mayor's Office on Homelessness. There should be more culturally sensitive services in the shelters.

Homeless Death Review

This program has been incorporated into Department of Public Health without extra funds. DPH will be working with the S.F. Police Department to look at 911 responses. This report reflects the substance abuse and homeless deaths. The Department will have data, but no death review report will be done. An intern will be working with Dr. Tomas Aragon to provide the data on substance abuse and homeless deaths.

Commissioner Parker commended PHP for taking on the challenge and opportunity on Proposition 36. This legislation has to be implemented on a humane basis not on a financial basis. He commented this program will take time and money; and the Department should not assume this program will save money. Political correctness is not the answer.

4) FISCAL REPORT

(Larry Doyle, Chief Financial Officer)

Mr. Doyle presented the PHP Revenue and Expenditure Report for the month ending October 2000. He anticipates a surplus of $2,814,902. This represents an increase of $1,771,788 from a previous report. Both revenue and expenditure estimates have been increased. This increase can be mainly attributed to two major items. On the expenditure side, the salary savings projection has been increased by approximately $500,000. On the revenue side, PHP is anticipating receipt of approximately $650,000 of Medi-Cal Administrative Activity (MAA) dollars in excess of the budgeted amount.

A brief snapshot of the revenue and expenditures of each section shows that all sections within the Division are living within the budget: Central Management has a surplus of $1 million, Community Health also $1 million, Mental Health $300,000 and Substance Abuse $500,000.

Mr. Doyle believes the PHP Division will be able to finish the fiscal year within budget.

Ms. Garcia reported PHP has gone through a budget process in preparation for the new fiscal year. PHP will work as a Division; this is an opportunity for team building.

Mr. Doyle reported any surplus will go towards an e-mail program.

Commissioner Parker asked what are the priorities for any surplus funds. Mr. Doyle indicated priorities have been determined in each Division and these priorities should drive the use of surplus funds.

Commissioner Guy agrees with PHP's priorities and applauds the Division's direction for the budget process.

5) **PRESENTATION ON THE COMMUNITY HEALTH PROMOTION AND PREVENTION SECTION**
(Larry Meredith, Ph.D., Director of CHP&P).

Brian Katcher, Public Health Pharmacist, reviewed the three prevention models: changing the societal context (i.e., environmental approach); evidence-based model; and community-driven model.

Dr. Meredith reviewed the alcohol prevention and the Community Health Promotion and Prevention model.

Staff Comments:

- Promotes multiyear approach to prevention, which is part of the Strategic Plan
- Critical that planning be in the context of resources and changes
- Efforts need to be community-driven and community-based
- Reminded groups about UCSF and the needs for tertiary care in relation to prevention
- Health Commission policy needs to support prevention; needs to identify specific types of prevention

Commissioner Guy recommended to be engaged with the community. She is also relying on the PHP staff to give her feedback on priorities.

Commissioner Parker advocated for collaboration with the communities.

6) **OTHER BUSINESS/PUBLIC COMMENTS**

None.

The meeting was adjourned at 12:10 p.m.

Sandy Guye Mori

Sandy Guye Mori
Executive Secretary to
the Health Commission

Attachment (1)

POPULATION HEALTH AND PREVENTION
CENTRAL ADMINISTRATION

ALL REVENUES THROUGH OCTOBER 2000

(General Fund, Work Order Fund, Annual and Continuing Projects Fund)
FY 2000 per on line FAMIS as of 11/14/00

DESCRIPTION	BOARD APPROVED BUDGET (1)	REVISIONS (2)	TOTAL REVISED BUDGET	REALIZED REVENUES THIS MO	REALIZED REVENUES TO DATE	PROJECTED REALIZED THRU 06/30/01	PROJECTED SURPLUS <DEFICITS>
SHORT DOYLE	8,579,348	0	8,579,348	31,468	100,470	8,579,348	0
S/D MEDICAL	27,929,490	0	27,929,490	0	3,340,588	27,929,490	0
MEDI CAL	10,502,424	0	10,502,424	1,021,423	1,517,369	10,498,271	(4,153)
MEDI CARE	1,001,000	0	1,001,000	27,284	(15,219)	495,103	(505,897)
PATIENT REVENUES	4,950,745	0	4,950,745	106,450	633,564	5,752,327	801,582
STATE ALCOHOL	14,934,103	0	14,934,103	0	2,489,016	14,934,103	0
PROP 99/AB 75	1,124,429	0	1,124,429	0	0	1,124,429	0
MISC REVENUES	10,996,266	0	10,996,266	590,614	2,479,711	11,347,070	350,804
TRANSFERS IN	0	0	0	0	0	0	0
ST REALIGNMNT/HEALTH	23,461,500	0	23,461,500	3,264,634	6,537,889	23,461,500	0
ST REALIGNMNT/MNTL HLTH	52,325,700	0	52,325,700	0	4,835,677	52,325,700	0
ST REALIGNMNT/SOC SVCS	508,492	0	508,492	0	59,751	508,492	0
WO RECOVERIES	12,561,795	1,972,740 (2)	14,534,535	250,055	250,055	14,534,535	0
SUBTOTAL	168,875,292	1,972,740	170,848,032	5,291,928	22,228,871	171,490,368	642,336
APPROPRIATED/BUDGETED CF	0	17,061,638 (3)	17,061,638			17,061,638	0
GENERAL FUND	97,856,755	171,401 (4)	98,028,156			98,028,156	0
BAD DEBTS	0	0	0			0	0
TOTAL REVENUES	266,732,047	19,205,779	285,937,826	5,291,928	22,228,871	286,580,162	642,336
LESS: EXPENDITURES	266,732,047	19,205,779	285,937,826			283,765,260	2,172,566
SURPLUS/<DEFICITS>						2,814,902	2,814,902

FOOTNOTES:

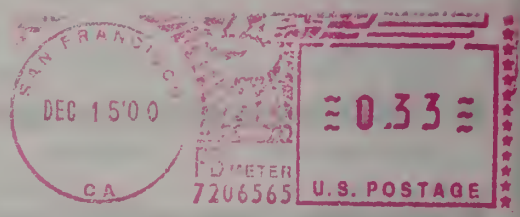
1) Reflects Phase D Board Approved Budget consisting of:

General Fund $351,270,481 <less> SB 855 $98,224,658	253,045,823
Prop 99	1,124,429
Work Order Recoveries	12,561,795
Total	266,732,047

2) Reflects $1,475,356 prior years work order carriedforward, $22,434 WO-Pager Svcs, $100,000 WO-PUC, $25,000 WO-Child Youth & Families, $330,899 WO-Lifemark Contract, and $19,051 WO-AARS Drug Court.
3) Reflects $3,984,700 appropriation carriedforward, $6,690,675 encumbrances carriedforward, and Managed Care prior years appropriation carriedforward of $3,236,263, and $3,150,000 interfund transfer to Managed Care.
4) Reflects transfer of $182,902 from Forensics and <$11,500> to LHH-Personal equipment.

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HEALTH COMMISSION

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AGENDA

JOINT CONFERENCE COMMITTEE FOR POPULATION HEALTH AND PREVENTION MEETING

Tuesday, January 23, 2001
10:00 a.m. – Noon
101 Grove Street, Room #220
San Francisco, CA 94102

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Commissioner Harrison Parker, Sr., D.D.S., Chairperson
Commissioner Roma P. Guy, M.S.W.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF MINUTES FOR DECEMBER 19, 2000**
**Minutes for December 19, 2000*

3) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Barbara Garcia, PHP Director)
(Description of activities and operations of Population Health and Prevention Division)

4) **FOR DISCUSSION:** **FISCAL REPORT**
(Larry Doyle, Chief Financial Officer)

5) **FOR DISCUSSION:** **PRESENTATION ON THE ADOLESCENT STRATEGIC PLAN**
(Janet Shalwitz, M.D., Maternal and Child Health)
**Report*

6) OTHER BUSINESS/PUBLIC COMMENTS**

* **Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311.**

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Arthur M. Jackson
Commissioner

Lee Ann Monfredini
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Harrison Parker, Sr., D.D.S.
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MINUTES

JOINT CONFERENCE COMMITTEE FOR POPULATION HEALTH AND PREVENTION

Tuesday, January 23, 2001
10:00 a.m.
at
101 Grove Street, Room #220
San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Joint Conference Committee for Population Health and Prevention was called to order by Chairperson Commissioner Harrison Parker, Sr., D.D.S., at 10:10 a.m.

Present: Commissioner Roma P. Guy, M.S.W.
Commissioner Harrison Parker, Sr., D.D.S.

PHP Staff: Barbara Garcia, Charlie Morimoto, Jessica Wolin, Larry Meredith, Maria Martinez, Pat Evans, M.D., Jimmy Loyce, Mildred Crear, Monique Zmuda, Phyllis Harding, Jo Ruffin, Janet Shalwitz, M.D.

2) APPROVAL OF MINUTES OF THE JCC-PHP MEETING OF NOVEMBER 28, 2000

Action Taken: The Committee adopted the minutes of November 28, 2000.

3) **DIRECTOR'S REPORT**
(Barbara Garcia, PHP Director)

PERSONNEL

CMHS Medical Director
Ms. Garcia welcomed Dr. Robert Cabaj as the new Medical Director for Community Mental Health Services. Dr. Cabaj comes to us from San Mateo County where he has served as the Medical Director for Mental Health Services for the past seven years. Prior to that position, he was at S.F. General Hospital for four years in which he established the Substance Abuse Consult Services.

Compliance Program Code of Conduct
Last week Ms. Garcia distributed the DPH Compliance Program Code of Conduct to the PHP management. All employees will be receiving the Compliance Program Code of Conduct packet.

Program Updates

San Francisco Tobacco Free Project
The Center for Disease Control recently issued a report on lung and bronchial cancer rates. The rates for both of these cancers decreased by 14% in California from 1988 to 1997, according to a study released by CDC and the State Department of Health Services. The Department of Health Services also reported these cancer rates dropped an additional 4.2 % from 1997 to 1998. The decline in CA was more dramatic than in eight other regions where rates dropped just 2.7 percent. These drops in cancer rates are attributed to the aggressive California tobacco control program, which resulted in a dramatic decrease in smoking prevalence.

San Francisco has also experienced a major decline in smoking prevalence. The overall rate of adult smoking just as the tobacco control program was launched in 1990 was 21.9%. By 1998 the rate dropped to 17.7%. This represents a 19% decrease from the 1990 smoking rate.

The San Francisco Tobacco Free Project of the Community Health Section has conducted one of the most aggressive and broad based tobacco control programs in California. Utilizing an environmental approach to counter pro-tobacco influences, it led the State in advocating for: (1) a ban on tobacco promotional gear in schools, (2) a ban on outdoor tobacco advertising, (3) divestment of tobacco stocks from the San Francisco City and County Employee Retirement System, and (4) enforcement of the federal warning label requirement on bidis, cigarettes imported from India that are popular among youth.

"The Skill Builder"
PHP has just released "The Skill Builder", which is a quarterly publication listing various training and continuing education opportunities available for the staff. This issue includes a conference planning checklist, which can be very useful for those that are planning a training or conference.

STD Program Services
In collaboration with the San Francisco Health Plan, which has declared January to be Chlamydia Screening Month, the STD Program prepared STD packets, which were distributed to 100 Health Plan providers. The packets contain information about City Clinic, STD fact sheets, CDC Treatment Guidelines and a letter asking providers to participate in Chlamydia Screening Month by screening their eligible clients for chlamydia.

National STD Conference

Seven STD Program staff and one AIDS Office staff member attended the National STD Conference in Milwaukee from December 4 –7, 2000. Information was presented on a variety of STD Services activities, including how partner notification and health education can be performed on the Internet, the results of an Internet study that was conducted with STD Clinic clients, the St. James Infirmary, implementation of anonymous STD testing in an anonymous HIV testing site, the feasibility of performing STD screening in nightclubs, STD screening in the jails and the changing epidemiology of syphilis in San Francisco from 1981-1999. The STD Services Program's work with Internet Providers, as well as our STD health education and screening activities in night clubs, and the implementation of anonymous STD testing in an anonymous HIV test site, are ground breaking and generated quite a bit of discussion, interest and attention at the Conference.

Multi-Service Centers RFP's

The Department of Human Services has just released the Request for Proposals (RFP) for Multi-Service Center North and Multi-Service Center South. The change in the design for these centers designates MSC South as the short-term shelter included with the lottery system. MSC North will be a longer stay accompanied with case management services. DPH staff participated in the preparation of the RFP's with Department of Human Services staff and representatives of the Strengthening Shelters Committee for the Continuum of Care Planning. There are current DPH funds included in the RFP's, which provides for mental health case management and substance abuse services.

Bridging the Gap Conference

On January 11-12, 2001, PHP conducted the third Bridging the Gap Conference here in San Francisco at the Herbst Theater. The focus of the conference was to introduce the concept of harm reduction and its clinical applications. Presenters represented an international/national participation, as well as our local expertise. Mayor Brown and Dr. Mitch Katz opened up the conference. Participation with presentations or workshop panels included Supervisor Gavin Newsom, District Attorney Terrance Hallinan, Health Commissioner Dr. John Umekubo, and PHP Director Barbara Garcia. Over 500 people attended this conference.

Emerging Issues

Citywide Disaster Shelter Planning

In collaboration with the Office of Emergency Services and the American Red Cross, DPH staff have been involved in the planning of the establishment of citywide shelters in the event of a major disaster. Several staff are working on identifying the health services and supplies that would be required, should such an event occur. Fire prevention should also be included.

Proposition 36

The State of California has placed $60 million in the Substance Abuse Treatment Trust Fund for planning and start-up activities under the Substance Abuse and Crime Prevention Act (Proposition 36, on the November ballot). The Department of Alcohol and Drug Programs is responsible for administering the Act and allocating funds to counties. Under the Act, persons convicted of nonviolent drug possession will be provided drug treatment and related services in lieu of incarceration. These funds will help counties develop the capacity to provide drug treatment, literacy training, family counseling, and vocational training services required when the Act takes effect July 1, 2001.

Locally, PHP is establishing a Steering Committee that will guide the planning process to implement this Act. The Committee will begin meeting in mid-February. It is anticipated that a plan will be completed by April, 2001 The plan will be presented to the Commission.

Rolling Blackouts

With the rolling blackouts that have been occurring, PHP management wants to ensure that current information is disseminated in order to maintain services and avoid confusion. EMS has set up an information line that managers can call to get the latest information on the rolling blackouts. It will be updated at least daily. Line: 554-9733

HOPe and MOST Outreach Teams

PHP has begun discussions at both the mid-management and line staff level about how to provide integrated outreach services to the homeless population. The HOPe team provides primary healthcare services and the MOST provides mental health services for this population. The focus is how to provide more integrated services to this population. PHP has identified several issues, such as revenue generation and eligibility criteria for services. Common to both teams is that they provide outreach and case management services to the homeless population. DPH planning and design will focus on the client and the client needs.

Commissioner Guy would like to see true integration of mental health and substance abuse in implementing Proposition 36. What would the evaluation tools be to measure success? How would success be measured locally? Ms. Garcia will bring back proposed evaluation measures to the JCC-PHP.

Commissioner Guy commented that the tobacco free project results need to be used to affirm prevention strategies.

Commissioner Parker stated prevention measures can be effective. The Department needs to have a balanced agenda on what it wants.

4) FISCAL REPORT

(Monique Zmuda, Chief Financial Officer)

Ms. Zmuda presented the PHP Revenue and Expenditure Report for the month ending November 2000, (Attachment A). A surplus of $3,231,349 is anticipated. This represents an increase of $416,447 from previous report.

The surplus can be attributed to four major areas. PHP is anticipating that it will attain salary savings of approximately $1 million over the budgeted requirement. PHP has also received one-time funding from MAA in the amount of $650,000,and collected prior year revenue from children services in the amount of $800,000. Finally, current year Environmental Health revenue is projected to exceed budget by approximately $300,000.

There are no projected deficits in any of the sections of Population Health and Prevention. Once again, after reviewing these estimates, Ms. Zmuda

is fairly certain that Population Health and Prevention will be in a positive situation at the close of this fiscal year.

There was discussion on balancing the overall Department budget, at the same time supporting the PHP infrastructure. Commissioner Guy encouraged full internal discussions on the budget process. Commissioner Parker promoted the need to see the whole picture in order to solve problems and move forward in an expedient way.

5) PRESENTATION ON THE ADOLESCENT STRATEGIC PLAN

(Janet Shalwitz, M.D., Maternal and Child Health)

Dr. Shalwitz gave an overview of the State Strategic Plan for Adolescent Health by the California Adolescent Health Collaborative, (Attachment B).

Ms. Garcia pointed out this Plan would be used as benchmark for the implementation strategies at the local level. Integration with the Department's Strategic Plan would be discussed with Department Managers and community representatives.

Mildred Crear, Director of Children, Youth and Families, has been participating in the School Health Strategic Plan.

Dr. Shalwitz raised the minor consent policy for the future.

Commissioner Parker advocated promoting positive information about adolescents and prevention strategies for adolescents.

Maria Martinez raised the issue of the impact of the lack of stable housing on children and youth.

Neil Gendel advocated for child development representatives to be at the planning table. There is a need for a cohesive policy for the 0-5 age group.

Commissioner Guy encouraged using the Department's Strategic Plan to continue dialogue on all of these issues. There will be quarterly reports to the full Commission on the implementation of the Department's Strategic Plan. She requested all of the JCC's also to have discussion on the implementation of the Strategic Plan as it pertains tot he respective areas in the Department.

6) OTHER BUSINESS/PUBLIC COMMENTS

None.

The meeting was adjourned at 12:20 p.m.

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment (2)

Roma P. Guy, M.S.W.
President

Edward A. Chow, M.D.
Vice President

Arthur M. Jackson
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
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David J. Sánchez, Jr., Ph.D.
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HEALTH COMMISSION

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AGENDA

JOINT CONFERENCE COMMITTEE FOR POPULATION HEALTH AND PREVENTION MEETING

Tuesday, March 12, 2001
3:00 p.m. – 5:00 p.m.
101 Grove Street, Room #220
San Francisco, CA 94102

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Commissioner Harrison Parker, Sr., D.D.S., Chairperson
Commissioner Edward A. Chow, M.D.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF MINUTES FOR JANUARY 23, 2001**
**Minutes for January 23, 2001*

3) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Barbara Garcia, PHP Director)
(Description of activities and operations of Population Health and Prevention Division)

4) **FOR DISCUSSION:** **FISCAL REPORT**
(Larry Doyle, Chief Financial Officer)

5) **FOR DISCUSSION:** **PRESENTATION ON THE TRAUMA PLAN FROM THE EMERGENCY MEDICAL SERVICES**
(Michael Petrie, EMS)
**Report*

6) OTHER BUSINESS/PUBLIC COMMENTS**

* **Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311.**

** **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

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Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

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Sunshine Ordinance Task Force
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City Hall, Room #244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

Telephone: (415) 554-7724
Fax: (415) 554-5163
E-mail: Donna_Hall@ci.sf.ca.us

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Roma P. Guy, M.S.W.
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MINUTES

JOINT CONFERENCE COMMITTEE FOR POPULATION HEALTH AND PREVENTION

Tuesday, March 12, 2001
3:00 a.m.
at
101 Grove Street, Room #220
San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Joint Conference Committee for Population Health and Prevention was called to order by Chairperson Commissioner Harrison Parker, Sr., D.D.S., at 3:10 a.m.

Present: Commissioner Harrison Parker, Sr., D.D.S.
Youth Commissioner Rolando Bonilla

Absent: Edward A. Chow, M.D.

PHP Staff: Barbara Garcia, Charlie Morimoto, Michael Petrie, Kate Garay, Maria Martinez, Phyllis Harding, James Alexander, Jessica Wolin, Larry Meredith, Ph.D., Monique Zmuda, Jo Ruffin, Mildred Crear

Commissioner Parker introduced and welcomed Youth Commissioner Rolando Bonilla to serve on the JCC-PHP. As support for youth participation with the Health Commission, President Guy requested Commissioner Parker to invite Youth Commissioner Bonilla to participate in the JCC-PHP. The Commission could amend its Rules of Order to formalize youth participation with the Health Commission.

2) APPROVAL OF MINUTES OF THE JCC-PHP MEETING OF JANUARY 23, 2000

Action Taken: The Committee adopted the minutes of January 23, 2000.

3) DIRECTOR'S REPORT

(Barbara Garcia, PHP Director)

Program Updates

CMHS Medication Adherence Pilot

Eli Lilly and Company has awarded Community Mental Health Services a grant of $250,000 to implement a pilot program to improve medication adherence for severe and chronically mentally ill clients. This is a two year grant, which will test the use of "Directly Observed Therapy" (DOT) with at least twenty-five clients who have are identified as acute services recidivists and have been non-adherent to their medication regimen. DOT is a well-tested strategy that has previously been implemented within our own department's TB Control section. DOT was shown to significantly improve compliance with the medication regimen for clients who tested positive for TB and thereby decreased the incidence and prevalence of TB within San Francisco.

Violence Prevention Network

The San Francisco Violence Prevention Network released the "RoadMap for Preventing Violence" on February 27, 2001. This document is the culmination of over two years of study of root causes and risk factors for violence, analysis of data and community input through multiple venues. Focusing on alcohol, firearms and witnessing acts of violence, as important risk factors for violence, the RoadMap provides specific objectives, suggested strategies to achieve those objectives, suggested partners with which to collaborate, and some evaluation tools. This is also on the DPH web site.

The emphasis is on identifying primary prevention strategies as they relate to reducing the impact of the guns, alcohol or exposure to violence. The RoadMap directs users toward specific outcomes and strategies, but it is also designed to support community groups, agencies and others interested in creating safer, more peaceful neighborhoods. Included in the document is a Community Action Model that identifies specific steps for creating change in communities.

For more information, contact Christina Goette, Violence Prevention Specialist, Community Health Education Section at (415) 554-2741.

Police Crisis Intervention Project

The Police Crisis Intervention Project (PCIP) is based on very successful programs in Memphis and San Jose. Due to a special effort by Supervisor Tom Ammiano, $180,000 was set aside to pilot San Francisco's PCIP. This funding is for a one-time allocation from the Board of Supervisors.

The Curriculum Committee has been hard at work and has designed the special curriculum San Francisco will be using. Presenters for each segment have been chosen and a meeting has been held with them. The training itself will be a 40-hour program to be held at the Golden Gate Club at the Presidio from May 21through May 24, 2001.

On the second training day, officers will go out in the moming to treatment programs and spend time talking and hanging out with clients. They'll return to the Golden Gate Club for a special luncheon with selected clients and family members. Then they'll go out again to visit more sites in the

afternoon. In Memphis and San Jose, the officers have say that the field trips and the luncheon are the most valuable part of the training.

The Curriculum Committee consists of Jo Robinson from Jail Health Services, Carolyn Kaufman from Mobile Crisis, Helynna Brooke from the Mental Health Board, and Mike Sullivan, the ADA Officer for the Police Department. There is an excellent working partnership between Community Mental Health Services and the Police Department on this project. Officers are now volunteering to attend the first training and already there is a great deal of enthusiasm being generated.

Proposition 36

The Department of Public Health has been designated as the lead agency for the planning and development of Proposition 36 (The Substance Abuse and Crime Prevention Act). The structure of the planning process will initially consist of a Steering Committee, which is co-chaired by Terence Hallinan, District Attorney, and Barbara Garcia, Director of PHP. Three subcommittees have been formed which will address treatment, criminal justice and data analysis, and they will report to the Steering Committee.

The Steering Committee met on February 28, 2001 at the Westbay Conference Center, with over 100 people in attendance. Discussions included the role of the committee, a review of the planning process, overview of treatment models, overview of Proposition 36 legislation, and an overview of the criminal justice system. The Steering Committee members presented a list of questions and issues that should be considered in the process. Significant time was allotted for ample public comment. The Steering Committee list was submitted.

STD Program

The STD Program was featured in articles in the December 2000 and January 2001 STD Advisor Magazine. The January issue featured information presented by STD Program staff at the 2000 National STD Conference on STDs and the Internet. The December issue featured information about the pros and cons of partner-delivered therapy for chlamydia and the efforts made to legalize the practice in California and other States.

Emerging Issues

Health Status Report and Public Health Week
The "Health Status" report will be released this year during Public Health Week. This year Public Health Week is April 1 through 7. Barbara Garcia will again conduct brown bag lunch meetings with PHP staff from the division. The brown bags will be scheduled at 101 Grove, 30 Van Ness, 1360 Mission, 1380 Howard and S.F. General Hospital.

4) **FISCAL REPORT**
(Monique Zmuda, Chief Financial Officer)

Ms. Zmuda presented the PHP Revenue and Expenditure Report for the month ending January 2001, (Attachment A). This represents an increase of $120,825 from the December report submitted to the full Health Commission.

Overall, revenues are estimated to be on target with the exception of $1.4 million the Department has received for Medical Administrative Activities (MAA) in this current year for services rendered in

fiscal years 1998-1999 and 1999-2000. This one item accounts for the preponderance of the anticipated revenues collected over the budgeted amount.

On the expenditure side, salaries continue to run approximately $1 million in excess of our current year's savings requirement. PHP is also anticipating an additional $2 million of contract savings on the expenditure side.

There are no projected deficits in any of the sections of Population Health and Prevention. Once again, after reviewing these estimates, Ms. Zmuda is fairly certain that Population Health and Prevention will be in a positive situation at the close of this fiscal year.

Ms. Zmuda stated her qualification that Mental Health may have a deficit due to an audit disallowance. PHP should not spend these present savings in the event the Department, as a whole, may need this present surplus to offset a deficit.

5) PRESENTATION ON THE ADOLESCENT STRATEGIC PLAN
(Michael Petrie, EMS)

Michael Petrie and Kate Garay, EMS staff, presented the San Francisco Trauma Care System Plan (Attachment B), which included:

?? Background – EMS and Trauma Systems
?? Project and Trauma Plan Goals
?? Trauma System Problems

- Problem One Vulnerable Trauma System
 Alternatives
 Proposed Solution
 Benefits of the Proposed Solution

- Problem Two: Compliance with New Regulations
 Alternatives
 Proposed Solution
 Benefits of Proposed Solution
 Resources to Implement the Solution

?? Trauma Plan Approval Process
?? Current Status

The Trauma Plan approval process would include:

- Internal DPH Meetings
- SFGH Staff
- SFGH JCC
- Director's Cabinet
- Health Commission Meetings
- Numerous Stakeholder Meetings
- EMS Section Public Comment Process
- Health Commission Approval
- California EMSA Approval

The time schedule would be:

?? Public Comment period starts March 26, ends May 7
?? JCC-SFGH June Meeting
?? Health Commission July 17
?? EMS Authority August 12

The potential controversy in this plan is a proposed solution of a helicopter access to SFGH. The EMS staff. The EMS staff will be researching a needs assessment and compiling feasibility analysis documentation for a trauma helipad at SFGH. The cost to build a helipad would be about $2 million, plus cost for maintenance.

Barbara Garcia, PHP Director, would like to connect prevention activities to a trauma plan. Prevention Director, Larry Meredith, Ph.D., also raised inclusion of prevention in any future studies for a trauma plan.

EMS staff will be holding educational sessions on the plan and will be raising the consciousness of consumers.

6) OTHER BUSINESS/PUBLIC COMMENTS

None.

The meeting was adjourned at 4:05 p.m.

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (2)

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Roma P. Guy, M.S.W.
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Vice President

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AGENDA

JOINT CONFERENCE COMMITTEE FOR POPULATION HEALTH AND PREVENTION MEETING

Monday, April 9, 2001
3:00 p.m. – 5:00 p.m.
101 Grove Street, Room #220
San Francisco, CA 94102

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Commissioner Harrison Parker, Sr., D.D.S., Chairperson
Commissioner Edward A. Chow, M.D.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF MINUTES FOR MARCH 12, 2001**
**Minutes for March 12, 2001*

3) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Barbara Garcia, PHP Director)
(Description of activities and operations of Population Health and Prevention Division)

4) **FOR DISCUSSION:** **FISCAL REPORT**
(Larry Doyle, Chief Financial Officer)

5) **FOR DISCUSSION:** **PRESENTATION OF A REPORT CONCERNING THE AIDS OFFICE**
(Jimmy Loyce, Director AIDS Office)
**Report*

6) OTHER BUSINESS/PUBLIC COMMENTS**

* **Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311.**

** **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

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MINUTES

JOINT CONFERENCE COMMITTEE FOR POPULATION HEALTH AND PREVENTION

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Tuesday, April 9, 2001
3:00 a.m.
at
101 Grove Street, Room #220
San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Joint Conference Committee for Population Health and Prevention was called to order by Chairperson Commissioner Harrison Parker, Sr., D.D.S., at 3:10 a.m.

Present: Commissioner Harrison Parker, Sr., D.D.S.
Commissioner Edward A. Chow, M.D.
Youth Commissioner Rolando Bonilla

PHP Staff: Mitchell Katz, M.D.; Mildred Crear; Michelle Long-Dixon; Larry Doyle; Phyllis Harding; Jimmy Loyce; Jeff Leong; Leticia Medina; Larry Meredith, Ph.D.; Charlie Morimoto; Steven Tierney

2) APPROVAL OF MINUTES OF THE JCC-PHP MEETING OF MARCH 12, 2001

Action Taken: The Committee adopted the minutes of March 12, 2001

3) **DIRECTOR'S REPORT**
(Barbara Garcia, PHP Director)

Barbara Garcia delivered the Director's Report (Attachment A).

4) **PRESENTATION OF A REPORT CONCERNING THE AIDS OFFICE**

Jimmy Loyce, Deputy Director for AIDS Programs, provided the Commissioners with an overview of the Department's AIDS programs and AIDS issues. Michelle Long Dixon and Steven Tierney, both of the AIDS Office, added to Mr. Loyce's presentation. (Attachment B).

Mr. Loyce provided various written reports to the Commission, all of which are enclosed a s Attachment A. These reports include "HIV Seroepidmiology and AIDS Surveillance Section, Research in Progress, March 2001." According to Mr. Loyce, the mission of the HIV Seroepidemiology and AIDS Surveillance Section is to monitor the epidemic in populations at risk in San Francisco in order to provide data for effective HIV prevention and care planning. Mr. Loyce also discussed the Epidemiology and Evaluation Section, which, among other things, assesses whether the Department is reaching the neediest and highest risk populations with programs and interventions funded by the AIDS office. In addition, he discussed the Reggie Project, a centralized computerized database for registering clients at all Ryan White CARE funded agencies. According to Mr. Loyce, the goal of the Reggie Project is three-fold: 1) to decrease the burden on HIV-infected clients; 2) to decrease the registration burden on Agencies; and 3) to provide DPH, the HIV Planning Council, and HRSA with an unduplicated client count.

Mr. Loyce also provided an organizational overview of the AIDS Office. He stated that the present structure brings together previously disparate units into one office.

Commissioners' Comments

- The Commissioners inquired about the numbers of clients served, and the numbers receiving outreach services. According to Ms. Long Dixon, there are approximately 12,000 to 13,000 unduplicated clients under Reggie under CARE; according to Mr. Tierney, approximately 40,000 people have received outreach services.

- The Commissioners' inquired about the funding level for AIDS related services; Mr. Loyce replied that approximately $64 million is processed through his Office, with additional dollars being spent through other DPH services, such as SFGH and primary care

- Youth Commissioner Bonilla asked about HIV services for youth; Mr. Tierney discussed Bay Area Young Positive, run by and for HIV positive youth, and other services.

- Commissioner Parker stated that, whenever possible, the Department should reports should provide reports to Commissioners in advance, not at the meeting

- Commissioner Chow would like the AIDS Office to present to the full Commission

Public Comment

Michael Petrelis stated that the previous Health Commission Meeting Minutes did not reflect his comments. Mr. Petrelis wants auditors to look at Ryan White funding. He also opposes AIDS advertisements that DPH funds which are sexually suggestive and feature pornography stars, because they send the wrong message concerning AIDS. In another segment of public comment, Mr. Petrelis stated that the AIDS Office looks out for agencies, but more than 3000 people with HIV cannot get a rental subsidy.

4) **FISCAL REPORT**
(Larry Doyle, Chief Financial Officer, PHP)

Mr. Doyle presented, on behalf of Ms. Zmuda, the PHP Revenue and Expenditure Report for the Month ending February 2001 (Attachment C). Mr. Doyle anticipates a surplus of $3,445,007, a decrease of $1,210,302 from his previous report.

6) **OTHER BUSINESS/PUBLIC COMMENTS**

None.

The meeting was adjourned at 5:00 p.m.

Arthur R. Greenberg
Interim Health Commission Secretary

Attachments (3)

Joint Conference Committee for Population Health & Prevention

April 9, 2001

Program Updates

'Yes We Can' Urban Asthma Partnership

The 'Yes We Can' Urban Asthma Partnership is rolling out a public awareness campaign to help people become familiar with the burden of asthma and to promote asthma self-management. Beginning on April 16, 2001, 5500 indoor posters will be distributed to over 900 sites in San Francisco to help promote the treatment of asthma and advocate for health policy reform. Funding for the poster campaign was provided by the California Endowment.

Dual Diagnosis Discussion Groups

Community Mental Health and Community Substance Abuse Services will hold group discussions between selected providers and department staff in April and May (see attached). The purpose of the discussions is to develop strategies to successfully implement the Dual Diagnosis Policy for Substance Abuse and Mental Illness, which went into effect on February 5, 1999.

Homeless Perinatal Conference

Maternal, Child and Adolescent Health Services is co-sponsoring the fifth annual San Francisco Bay Area Regional Homeless Perinatal Conference on Friday, April 27, 2001 at the State Building. The conference objectives are to clarify the roles of community agencies and county services in meeting the needs of homeless families and exploring solutions for families affected by homelessness.

TB Control

For the first time on record TB cases in San Francisco dropped below 200 to a total of 170, by far the lowest number of cases ever and a decrease of 28% over last year (see attached flyer). TB rates in San Francisco have consistently ranked within the top 5 metropolitan areas in the U.S. There was a significant decrease in TB rates in every area, including TB cases among those co-infected with HIV, foreign-born, U.S. born and in every age and racial group.

Proposition 36

The Prop 36 Steering Committee, co-chaired by Barbara Garcia and District Attorney Terence Hallinan, met for the second time to review recommendations made by three subcommittees (Criminal Justice, Treatment and Data, Assessment, Monitoring and Evaluation). The Steering Committee and members of the public provided valuable input for the subcommittees to consider as they develop their final recommendations to be presented the next Steering Committee meeting on April 18. DPH will take the recommendations developed through this process to produce an implementation plan, which will be presented to the Health Commission on May 15, 2001.

STD Program

The STD program was featured in the March 15, 2001 edition of the Bay Area Reporter. Dr. Jeffrey Klausner, Director of the STD Program, recommended physicians be more aggressive in asking patients about their sexual health in light of the recent outbreaks of syphilis among gay and bisexual men in California and emphasized that STDs can increase the risk of spreading or acquiring HIV infection. A second article focused on the common symptoms of syphilis and contained the STD Program's current syphilis screening recommendations.

Emerging Issues

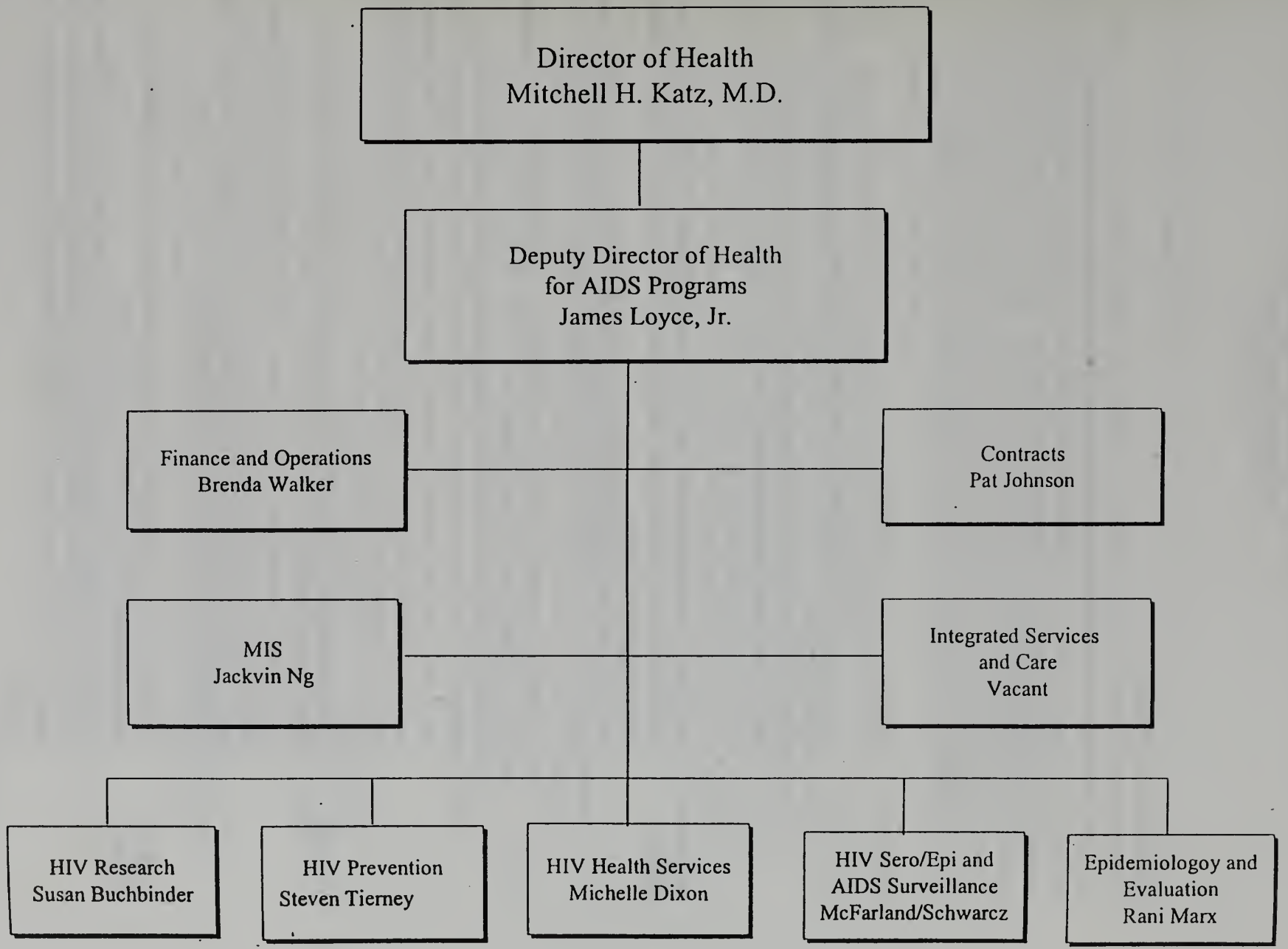
Treatment on Demand Assistance Act

Senator Barbara Boxer will hold a press conference in San Francisco on Thursday, April 12, 2001 to announce the introduction of her "Treatment on Demand" legislation. The bill would double federal funding for drug and alcohol treatment over five years. It would also reward states that have instituted a policy of providing treatment to non-violent drug offenders as an alternative to prison.

Project LEAF

Project LEAF (Life Endangerment Affects Families) is a pilot project being developed to address the ongoing violence in the Bayview Hunter's Point community. Many of the children, youth, and family members have been seriously traumatized by the violence and are suffering from depression, hopelessness, rage, insomnia and fear for their own safety. Project LEAF will consist of an inter-disciplinary, inter-agency, inter-departmental forum. Families can access the forum through the Family Involvement Team located in the Bayview Plaza on 3rd Street and Evans. Through the forum, families will be able to access the various services already in existence in the community. Project LEAF will also update an existing resource guide for services available in the BVHP community, as well as to begin building a support group for youth and family members around Post Traumatic Stress Disorder.

San Francisco Department of Public Health
AIDS OFFICE



HIV Seroepidmiology and AIDS Surveillance Section
Research in Progress
March 2001

Overview and Mission:
The mission of the HIV Seroepidemiology and AIDS Surveillance Section is to monitor the epidemic in populations at risk in San Francisco in order to provide data for effective HIV prevention and care planning. To meet our mission, the section conducts a variety of surveillance activities, epidemiological surveys, and statistical analyses. Current research includes tracking trends in behavioral risk for HIV, the identification and characterization of persons recently infected, and the occurrence and health outcomes associated with AIDS diagnosis. Research includes persons recruited directly from community venues and service programs.

TIMEFRAME	DESCRIPTION AND OBJECTIVES
1996 - 1999	**Use of highly active antiretroviral therapy (HAART) among persons with AIDS in San Francisco** Study using the population-based AIDS registry to evaluate the prevalence and predictors of HAART use prior to and after AIDS diagnosis among persons with AIDS who survived beyond January 1, 1996.
01/2000 - 03/2001	**Progression to AIDS in the era of highly active antiretroviral therapy (HAART): possible missed opportunities for the prevention of AIDS in HIV-infected persons – AIDS Progression Study** Study to determine reasons for progression from HIV to AIDS among new AIDS cases and from AIDS to death among new AIDS deaths through medical chart review.
Jan 2001 -	**Association between use of acyclovir and development of primary brain lymphoma among AIDS cases – Acyclovir Study** A case-control study to evaluate the value of use of acyclovir for the prevention of central nervous system among persons diagnosed with primary brain lymphoma (cases) and persons with progressive multifocal leukoencephalopathy (PML) or toxoplamosis (controls). Medical record review of approximately a total of 240 cases and controls for this study will begin in January 2001.
Ongoing	**Factors associated with not initiating and discontinuing antiretroviral therapy among persons with AIDS** To characterize persons who did not initiate or who discontinued antiretroviral therapy and identify the reasons among newly diagnosed AIDS cases. Beginning in February 2001, information regarding reasons for not initiating and treatment discontinuation prior to AIDS will be collected for all newly reported cases.
Ongoing annually	**Trends in causes of deaths and factors associated with non-AIDS related causes among persons with AIDS in the era of HAART** Causes of deaths obtained through match with the National Death Index will be analyzed to characterize the trends in causes of deaths and to evaluate the factors associated with specific non-AIDS related causes. The impact of HAART on the causes of death will be assessed.

HIV Seroepidmiology and AIDS Surveillance Section
Research in Progress
March 2001

TIMEFRAME	DESCRIPTION AND OBJECTIVES
Spring 2001	**Cancers among persons with AIDS – Match between the San Francisco AIDS registry and the Northern California Cancer Registry** Study to determine the risk of cancer and predictors of cancer among persons with AIDS, and to compare cancers in persons with AIDS to that among the general population. The National Cancer Institute developed the protocol for matching the San Francisco AIDS registry and the Northern California Cancer Registry and will implement the match in spring 2001. Data will be included as part of the National AIDS/Cancer Match Registry and will also be analyzed locally.
Completed	**Factors associated with missed opportunities to prevent the occurrence of *Mycobacterium tuberculosis* (TB) among persons with AIDS** A chart review of AIDS cases diagnosed between 1996 and 1997 to describe the extent of TB screening, examine the sociodemographic and risk characteristics of persons with AIDS who were least likely to receive TB screening, and determine the predictors of not receiving TB screening. In addition, this study will ascertain the predictors of having a TB skin test placed but not read and study the frequency and characteristics of persons receiving directly observed therapy (DOT). Data have already been collected and are being analyzed.
2001	**BRFSS - Behavioral Risk Factor Surveillance System** The Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing, nationwide telephone survey to determine the prevalence of a wide range of risk behaviors in the general adult population. In 1997, the San Francisco Department of Public Health conducted portions of the BRFSS among adult San Francisco residents to gather HIV/AIDS risk behavior data among the general adult population of San Francisco. To update information on risk behaviors in this population, we intend to repeat the BRFSS in 2001.
2001-now	**HIS - HIV Incidence Surveillance Study** Population-based survey of HIV incidence among men who have sex with men (CDC): to obtain population-based estimates of HIV prevalence, HIV incidence, risk behavior, and access to care among MSM in the greater Castro neighborhood. Projected to start in mid-2001, completion in 2002/3.
2001-now	**ROSE - African American Transgender Rapid Assessment Project** To conduct a qualitative and quantitative assessment of HIV risk related behavior among African American transgendered females. Projected to start January 2001, completion April 2001.
2001-now	**HITS - HIV Testing Survey** To assess HIV testing behavior among MSM, IDU, and HRH in San Francisco. Projected to start January 2001, completion 2001/2.

HIV Seroepidmiology and AIDS Surveillance Section
Research in Progress
March 2001

TIMEFRAME	DESCRIPTION AND OBJECTIVES
2001-now	**HEY MAN - Health evaluation of young men in low-income neighborhoods of Northern California** To obtain population-based estimates of HIV prevalence, HIV incidence, risk behavior, and access to care among young men living in low-income neighborhoods of five Northern California counties. Projected to start in mid-2001, completion in 2002/3.
2000-now	**Use of geographic information systems to strengthen HIV prevention** To provide detailed geographic descriptions of HIV infection, STDs, and risk behavior. Began September 2000, projected completion September 2003.
2000-now	**Applications of the Serological Testing Algorithm for Recent HIV Seroconversion, US Western Region** To characterize recent HIV seroconversion in blinded studies and counseling and testing sites in the Western US region. Began January 2000, projected completion December 2002.
1999-now	**ROSE - Strengthening STD/HIV Prevention through Use of Behavioral Data** To enhance the available and use of HIV-related behavioral data for community planning. Began September 1999, projected completion September 2004.
1999-now	**ACT - The Asian/Pacific Islander Young Men's Survey** To measure HIV prevalence and related risk behavior among API MSM. Began January 1999, projected completion June 2001.
1998-now	**HIV Oral Transmission Study** To assess the potential for HIV transmission through oral sex. Began 1998, projected completion 2002.
1998-now	**Estimating HIV Seroincidence and Seroprevalence in San Francisco County Jails** To estimate HIV prevalence, HIV incidence, and related risk behavior among persons arrested in San Francisco. Began 1998, projected completion June 2001.
1997-now	**Record-based study of HIV seroincidence at San Francisco General Hospital** To measure HIV incidence among persons repeated tested at San Francisco General Hospital. Began 1997, on-going.
1997-now	**Sentinel surveillance of variant and drug resistant strains of HIV in San Francisco** To monitor the emergence of variant strains and drug-resistance among persons newly diagnosed with HIV in San Francisco. Began 1997, projected completion March 2001.

Epidemiology & Evaluation Section
March 2001

Overview and Mission:
The overall goal and primary focus of the section's work is to evaluate the HIV health services and prevention needs of San Franciscans. In particular, we assess whether we are reaching the neediest and highest risk populations with programs and interventions funded by the AIDS Office, the unmet needs of the population, barriers to getting needed services, quality of care, effectiveness of existing interventions, and client satisfaction with services. As such, we contribute to decisions about how to prioritize Ryan White CARE and prevention services, how to better deliver needed services, and identify new services or interventions that need to be developed.

In addition, the section creates, updates, and disseminates a series of HIV prevention referral guides for HIV test counselors, agency staff and HIV-infected and at-risk persons; generates a report on persons receiving publicly funded HIV antibody counseling and testing; trains and works with providers to improve their skills reaching transgendered persons; assists with the development, implementation, analysis, and interpretation of data on HIV care and prevention in other AIDS Office sections and outside agencies; and responds to requests for data from the AIDS Office, DPH, outside agencies, and the community.

We have three studies that are currently in the field and seek to fulfill the goals mentioned above. One study will assess the effectiveness of prevention case management in comparison to multiple session group counseling. A second study will determine the HIV and STD prevalence, risk behaviors, and prevention needs of gay and bisexual men who socialize during the late night and early morning hours in specific geographic areas of the city. A third study will evaluate the effectiveness of an enhanced case management model compared to standard case management among HIV-infected persons recently released from jail.

Reggie Project

Overview and Mission:
The Reggie Project is a centralized computerized database for registering clients at all Ryan White CARE funded agencies. The goal of the project is three-fold: 1) to decrease the burden on HIV-infected clients accessing CARE-funded agencies by requiring only one registration rather than requiring clients to register at each agency where they seek services; 2) to decrease the registration burden on agencies and allow them to better deliver services and refer appropriately (agencies can view the other agencies that clients are accessing); 3) to provide DPH, the HIV Planning Council, and HRSA with an unduplicated client count, description of clients, and description of services rendered in order to fulfill reporting
requirements, prioritize funding for services, and improve service delivery. We produce the Annual Administrative Report (AAR) required by HRSA that provides information on unduplicated CARE and CARE eligible clients and respond to requests for data on CARE clients from other AIDS Office sections, DPH, outside agencies, and the community.

City and County of San Francisco

Department of Public Health

LARRY DOYLE, CHIEF FINANCIAL OFFICER
POPULATION HEALTH AND PREVENTION
101 Grove Street, Room 116
San Francisco, CA 94102
(415) 554-2825
FAX (415) 554-2623
Larry_Doyle@dph.sf.ca.us

Date: April 9, 2001

Memo to: Joint Conference Committee for Quality Assurance/ Population Health and Prevention

From: Larry Doyle

Re: Chief Financial Officer's Report

Attached is the PHP Revenue and Expenditure report for the month ending February 2001. I am anticipating a surplus of $3,445,007. This represents a decrease of $1,210,302 from my previous report.

Of this surplus, $2.6 million is from one-time revenue collections attributable to the prior year. In addition, I have set aside $1.5 million in revenue to partially offset a $3.9 million audit exception relating to fiscal year 1995-96. I believe the balance $2.4 million is available in our SB 90 reserve.

On the expenditure side, salaries continue to run approximately $1 million in excess of our current year salary savings requirements. We are also anticipating an additional $2 million contract savings on the expenditure side. Current year revenue collections are anticipated to be approximately $900,000 under budget. These shortfalls are offset by the contract savings on the expenditure side and have been fully remedied in next year's budget. A more in-depth analysis of MediCal revenues is planned for the March report.

Once again, after reviewing these estimates, I am fairly certain that Population Health and Prevention will be in a positive situation at the close of this fiscal year.

LD/mg

Attachment

DEPT (82) DPH - CENTRAL ADMINISTRATION AND POPULATION HEALTH AND PREVENTION - ALL
REVENUES THRU FEBRUARY, 2001 (GENERAL FUND, WORK ORDER FUND, ANNUAL AND CONTINUING PROJECTS FUND)
FY 2000-01 PER ON LINE FAMIS AS OF 3/13/01

DESCRIPTION	BOARD APPROVED BUDGET (1)	REVISIONS (2)	TOTAL REVISED BUDGET	REALIZED REVENUES THIS MO	REALIZED REVENUES TO DATE	PROJECTED REALIZED THRU 06/30/01	PROJECTED SURPLUS <DEFICITS>
SHORT DOYLE	8,579,348	0	8,579,348	0	136,325	8,579,348	0
S/D MEDICAL	27,929,490	0	27,929,490	0	3,340,588	26,429,490	(1,500,000)
MEDI CAL	11,425,904	0	11,425,904	508,358	4,705,747	12,085,536	659,632
MEDI CARE	1,001,000	0	1,001,000	15,908	(87,633)	451,892	(549,108)
PATIENT REVENUES	4,021,065	0	4,021,065	108,009	3,453,845	5,316,129	1,295,064
STATE ALCOHOL	14,934,103	0	14,934,103	0	2,489,016	14,934,103	0
PROP 99/AB 75	1,124,429	(19,952)	1,104,477	184,080	644,280	1,104,477	0
MISC REVENUES	11,002,466	0	11,002,466	553,715	3,829,517	11,332,311	329,845
TRANSFERS IN	0	0	0	0	0	0	0
ST REALIGNMNT/HEALTH	23,461,500	0	23,461,500	0	17,628,866	23,461,500	0
ST REALIGNMNT/MNTL HLTH	52,325,700	0	52,325,700	0	23,044,156	52,325,700	0
ST REALIGNMNT/SOC SVCS	508,492	0	508,492	0	289,890	508,492	0
WO RECOVERIES	12,561,795	3,086,413 (2)	15,648,208	182,746	5,095,207	15,648,208	0
SUBTOTAL	168,875,292	3,066,461	171,941,753	1,552,816	64,569,804	172,177,186	235,433
APPROPRIATED/BUDGETED CF	0	17,221,638 (3)	17,221,638			17,221,638	0
GENERAL FUND	97,856,755	261,394 (4)	98,118,149			98,118,149	0
BAD DEBTS	0	0	0			0	0
TOTAL REVENUES	266,732,047	20,549,493	287,281,540	1,552,816	64,569,804	287,516,973	235,433
LESS: EXPENDITURES	266,732,047	20,549,493	287,281,540			284,171,966	3,109,574
SURPLUS/<DEFICITS>						3,345,007	3,345,007

FOOTNOTES:

1) Reflects Phase D Board Approved Budget consisting of:

General Fund $351,270,481 <less> SB 855 $98,224,658	253,045,823
Prop 99	1,124,429
Work Order Recoveries	12,561,795
Total	266,732,047

2) Reflects $1,078,049 prior years work order carriedforward, $22,434 WO-Pager Svcs, $100,000 WO-PUC, $25,000 WO-Child Youth & Families, $330,899 WO-Lifemark Contract, $19,051 WO-AARS Drug Court, $50,000 WO-Rodent Ctl Program, $3,271 WO-EMSA Program, $120,000 WO-Parking & Traffic, $330,000 WO-SPMP Foster Care, $40,000 WO-PW, $4,059 WO-AT, $99,737 MH WO-DCYF, $99,737 SA WO-DCYF, $4,000 WO-EAP Worker Comp Training, $650,000 WO-Children & Family, <$73,000> WO-Subacute Patch, $233,176 WO-DHS, and <$50,000> WO- HUD Medical Detox program. Also includes <$19,952> revisions in Tobacco CHIP.
3) Reflects $3,984,700 appropriation carriedforward, $6,690,675 encumbrances carriedforward, and Managed Care prior years appropriation carriedforward of $3,236,263, and $3,310,000 interfund transfer to Managed Care.
4) Reflects $250,000 supplemental for Housing and $11,394 for interest allocation.

DEPT (82) DPH - CENTRAL ADMINISTRATION AND POPULATION HEALTH AND PREVENTION - ALL
EXPENDITURES THRU FEBRUARY, 2001 (GENERAL FUND, WORK ORDER FUND, ANNUAL AND CONTINUING PROJECTS FUND)
FY 2000-01 PER ON LINE FAMIS AS OF 3/13/01

DESCRIPTION	BOARD APPROVED BUDGET (1)	REVISIONS (2)	TOTAL REVISED BUDGET (3)	EXPENDITURE/ENCUMB THIS MO	EXPENDITURE/ENCUMB TO DATE	PROJECTED REALIZED THRU 06/30/01	PROJECTED SURPLUS <DEFICITS>
ERSONNEL							
SALARIES	63,443,603	27,594	63,471,197	4,672,570	37,341,762	62,283,786	1,187,411
MFB	14,303,258	13,140	14,316,398	1,085,022	8,591,143	14,249,965	66,433
SUBTOTAL	77,746,861	40,734	77,787,595	5,757,592	45,932,905	76,533,751	1,253,844
ONTRACTUAL SERVICES	173,893,567	12,465,061	186,358,628	13,511,266	135,089,212	184,988,028	1,370,600
ISCELLANEOUS:							
MATERIALS & SUPPLIES	4,256,895	1,444,880	5,701,775	904,995	3,642,512	5,601,775	100,000
EQUIPMENT	115,733	1,876,326	1,992,059	1,157	96,559	1,992,059	0
WO/MISCELLANEOUS	10,718,991	1,412,492	12,131,483	121,229	6,714,108	11,746,353	385,130
TRANSFERS OUT	0	3,310,000	3,310,000	0	3,310,000	3,310,000	0
SUBTOTAL	15,091,619	8,043,698	23,135,317	1,027,381	13,763,179	22,650,187	485,130
OTAL EXPENDITURES	266,732,047	20,549,493	287,281,540	20,296,239	194,785,296	284,171,966	3,109,574

OOTNOTES:

Attachment C
Page 3 of 3

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Arthur Greenberg
Interim Health Commission Secretary

Tel. (415) 554-2666
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Web Site: *http//www.dph.sf.ca.us*

AGENDA

JOINT CONFERENCE COMMITTEE MEETING FOR POPULATION HEALTH AND PREVENTION

Monday, May 14 2001
3:00 p.m. – 5:00 p.m.
101 Grove Street, Room #220
San Francisco, CA 94102

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Commissioner Harrison Parker, Sr., D.D.S., Chairperson
Commissioner Edward A. Chow, M.D.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF MINUTES FOR APRIL 9, 2001**
**Minutes for April 9, 2001*

3) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Barbara Garcia, PHP Director)
(Description of activities and operations of Population Health and Prevention Division)

4) **FOR DISCUSSION:** **UPDATE ON PROPOSITION 36, "THE SUBSTANCE ABUSE AND CRIME PREVENTION ACT," IMPLEMENTATION PLAN**

5) **FOR DISCUSSION:** **FISCAL REPORT**
(Larry Doyle, Chief Financial Officer)

6) OTHER BUSINESS/PUBLIC COMMENTS**

* **Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311.**

** **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access

Room #220, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 923-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at:

Sunshine Ordinance Task Force
Donna Hall, Administrator
City Hall, Room #244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

Telephone:	(415) 554-7724
Fax:	(415) 554-5163
E-mail:	Donna_Hall@ci.sf.ca.us

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us.**

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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
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MINUTES

JOINT CONFERENCE COMMITTEE
FOR
POPULATION HEALTH AND PREVENTION

Tuesday, May 14, 2001
3:00 a.m.
at
101 Grove Street, Room #220
San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Joint Conference Committee for Population Health and Prevention was called to order by Chairperson Commissioner Harrison Parker, Sr., D.D.S., at 3:05 a.m.

Present: Commissioner Harrison Parker, Sr., D.D.S.

Absent: Commissioner Edward A. Chow, M.D.

PHP Staff: Rob Bannon, Mildred Crear; Larry Doyle; Barbara Garcia, Jeff Leong, Jimmy Loyce; Larry Meredith, Charlie Morimoto; Jim Stillwell, Linda Wang, and Jessica Wolin

2) APPROVAL OF MINUTES OF THE JCC-PHP MEETING OF APRIL 9, 2001

Action Taken: The Committee adopted the minutes of April 9, 2001

3) DIRECTOR'S REPORT

(Barbara Garcia, PHP Director)

PROGRAM UPDATES

Mental Health Older Adult Grant

Governor Gray Davis announced that San Francisco is one of only four Counties to receive a grant to expand the Older Adult Mental Health System of Care. This grant seeks to implement an innovative Partnership Care Management service in an integrated cooperation between DPH's Community Mental Health Services, DPH's North of Market Senior Primary Care Services, Adult Protective Services, and Goldman Institute on Aging. This new service will implement a 24-hour, 7-day per week Center located at a residential care facility. It will provide clients with comprehensive assessments, intensive case management, and respite care for a few hours or a few days when responding to the crisis needs of older adults who increasingly are amongst the homeless and those at risk for homelessness or institutionalization. By providing this program, the County will demonstrate a low-cost strategy that provides integrated and coordinated responsiveness and further demonstrates how fragmented funding streams can be coalesced in a new way. The State has announced that up to $997,500 will be available for implementation of this project.

Project Impact

Community Mental Health Services has been awarded additional funding under Project Impact to begin a Family Therapy Program and to expand the Family Mosaic Project, through a recent restructuring of the Project Impact priorities. Project Impact is a program funded by the California Board of Corrections under a Challenge Grant (II) to the City and County of San Francisco, to implement a single system through which juvenile offenders with emotional disabilities will be identified, assessed, and supported through a continuum of flexible, wraparound services. The new service components added will augment existing services: comprehensive assessment, placement readiness, mobile support, intensive day treatment, intensive case management and community alliance networks. The project continues the work begun with the systemic reform contained in San Francisco's Juvenile Justice Local Action Plan, and is a collaborative project among Juvenile Probation, Department of Public Health, Department of Human Services and the Mayor's Criminal Justice Council.

Health Education Training Center

The Health Education Training Center is offering three trainings in May: 1) "Impact of Domestic Violence on Children", a 'training for trainers' on May 11 for providers who work with groups of parents; 2) "Community Action Training," on May 16, explores a framework for diagnosing and improving the health of the community: and 3) "What is Public Health?" discusses how public health programs protect and promote health. This workshop, on May 23, is especially recommended for new DPH staff.

CHES Pedestrian Safety

The National Highway Traffic Safety Administration will feature the work of the Department's Community Health Education Section in their May publication "Building Safe Communities". This innovative community-department partnership was funded through the State's Office of Traffic Safety, and DHS State and Local Injury Control Section, the Mission and Tenderloin Safe Communities Projects are now in the process of finalizing implementation plans to improve pedestrian safety in their communities. Thanks to staff, Michael Radetsky, Nicamer Tolentino and Stephanie Dunlap, for their vision for innovation, and to community partners, St. John's Educational Threshold Center, Adopt-A-Block, Safety Network and the Neighborhood Safety Partnership/SAFE, for all their hard work.

As part of a community-based pedestrian safety effort funded by the California Office of Traffic Safety, the Community Health Education Section is working with local neighborhood groups on selected safety projects. Four grants of $10,000 each were awarded this month to Chinatown Community Development Center, William R. De Avila Elementary School PTA, OMI Neighbors In

Action, and Walk San Francisco SOMA project. The projects reflect a broad mix of different groups, neighborhoods, and interventions.

On May 16th, CHES staff will offer an all-day Community Action Training, focused on developing organizing and project development skills among community partners. The Community Action Model, developed by CHES based on the successful work of our Tobacco Free project, uses interactive exercises to build community capacity to organize around a wide variety of Public Health issues.

Senior Pedestrian Awareness Day

On Tuesday, May 15 at 11:45 a.m. at City Hall there will be a rally/celebration of Senior Pedestrian Awareness Day. The new Pedestrian Safety Poster Campaign will be introduced and the San Francisco seniors who have made the campaign possible will be honored.

Pedestrians are at risk on the streets of San Francisco, and older pedestrians bear a disproportionate share of those risks. Seniors hit by automobiles in San Francisco have been about four times as likely to be killed as younger people, and the rate is going up.

Over the past 10 years, San Francisco pedestrians have been become a steadily increasing percentage of the fatal motor vehicle collisions, from about 37% in 1990 to over 60% by the year 2000. This is in comparison to a national figure of about 13% of motor vehicle fatalities being pedestrians. For seniors, that same percentage has gone from over 50% to nearly 80%

Most recent figures, for the first three-quarters of the year 2000, show senior pedestrians dying at three times their proportion of the population. Of those who are actually hit, the figures for 2000 show seniors five times as likely to die.

Prevention campaigns must focus on the hazards to all pedestrians, but especially on the most vulnerable. Senior pedestrians must be alerted to the high level of risk. Drivers need to be extra careful and respectful toward seniors, who often need more time to safely navigate the City streets. Together, we can make San Francisco a safer and more caring community.

Newcomers Health Program Report on Bosnian Refugees

The Newcomers Health Program has recently published a report entitled "Bosnian Refugees in San Francisco: A Community Assessment". This project was undertaken by Newcomers Health Program to assist staff in program planning and grant writing, and to help in developing community collaborations. As one of the newest refugee groups in the San Francisco Bay Area, little had been documented on how Bosnian refugees are faring and how they have adjusted to their new country and its health care, education, and employment systems. This report presents a baseline picture of the Bosnian refugee population in San Francisco County. You can access the report on the DPH Public Web site at **http://www.dph.sf.ca.us/Reports/HlthAssess.htm**. For more information contact Patricia Erwin, Program Manager at 705-8552 or through email at: **Patricia_Erwin@dph.sf.ca.us**.

Health Promotion and Education at DHS

The PAES Project -- a venture undertaken jointly by DPH and DHS -- combines the efforts of our two departments as well as non-profit agencies to implement strategies to integrate and promote physical and behavioral health into the single-adult welfare-to-work Personal Assisted Employment Services (PAES) Program.

DPH staff and providers are training DHS staff how to incorporate health early in the welfare-to-work process, including linkages to primary care, dental care, mental health, HIV/HCV/STD and

substance abuse treatment services. Practical tools, guides and educational materials are provided to help clients understand and make the connection between health and employment.

Support for this training has been provided by Dr. David Ofman, Primary Care; Sylvia De Trinidad, Health Promotion; Elizabeth Davis, HIV Prevention; Julie Javrostsky, Dental Health Education Program; Jim Stillwell, CSAS; Dr. Tom Neill, DHS Behavioral Health Manager; and Po Yee Au Lindahl, DPH's PAES Program Analyst. Funds from the AIDS Office are enabling Glide HIV Prevention Services and the Black Coalition on AIDS to provide HIV/STD/HCV prevention and education series for PAES clients on a long-term basis.

STD Awareness Month Activities

April was STD Awareness Month and, in addition to their regular interviewing, counseling and STD screening activities, the STD Program implemented several activities to increase people's awareness of STD. Staff provided STD screenings and presentations at the high schools and colleges. Large display ads were placed in the Bay Area Reporter, the Bay Guardian, the SF Weekly, El Mensajero, the Frontier Magazine and the Bay View Times.

The STD Control Section worked with bar and club owners to get them to offer free admission or free drinks to patrons who show a card validated by City Clinic indicating that they were tested for STDs. This is a real collaboration between the community and the Health Department and shows a real commitment by these club owners to "join the STD Program in the fight against the spread of STDs". This innovative program was publicized in a press release issued by the DPH on April 5, 2001 and highlighted in articles in the San Francisco Chronicle, the Bay Area Reporter, the CDC Daily STD Update and on several local TV and radio stations, and a TV station in Seattle, WA.

Report on Families Living in SRO Hotels

In the Spring of 2000, a Citywide workgroup, chaired by the Department of Public Health and comprised of advocates, residents, providers, and staff from the Mayor's Office on Homelessness, Department of Human Services, and Board of Supervisors was formed to address the issues facing families living in SROs. It was then adopted as a formal subcommittee of the San Francisco Board of Supervisors' SRO Health and Safety Task Force (formed to deal with a wide array of SRO issues).

EMS Section Annual Report for Year 2000

The EMS (Emergency Medical Services) Section will be presenting it's annual report to the full Health Commission in June.

Housing and Urban Health

Last month, Housing and Urban Health Section presented a report to the Health Commission.

EMERGING ISSUES

Raymond Hotel Fire.

A fire broke out at 6:15 a.m. Easter morning at the Raymond Hotel, 1011 Howard Street. Red Cross established a temporary shelter at the South of Market Recreation Center at 6th Street and Folsom. The fire displaced seventy-eight (78) individuals. Three (3) residents suffered minor injuries, no fatalities occurred. The Health Department, Department of Human Services, Mayor's Office of Homelessness, Office of Emergency Services, Animal Care and Control, Recreation and Park were all on hand to strengthen and enhance Red Cross response efforts. Many residents of the Raymond are DPH patients, and have fairly high medical needs. Dr. John Brown responded to the site and was able to provide medications for 34 residents. Anne Kronenberg, Barbara Garcia, LaDonnis Elston and the MOST Team all responded and triaged clients.

4) **UPDATE ON PROPOSITION 36, "THE SUBSTANCE ABUSE AND CRIME PREVENTION ACT," IMPLEMENTATION PLAN**

Barbara Garcia presented an update on the implementation of Proposition 36. She emphasized the extensive community planning, and program availability. (An update presentation was provided to the full Commission during the May 14, 2001 meeting).

5) **FISCAL REPORT**
(Larry Doyle, Chief Financial Officer, PHP)

Larry Doyle presented the Fiscal Report. See Attachment A.

6) **OTHER BUSINESS/PUBLIC COMMENTS**

Several members of the public spoke concerning the program and labor situation at the Bayview-Hunters Point Foundation (BVHP):

Linda Zarersky stated that the programs at BVHP are failing, and that the BVHP used to serve 100 children, now it serves 18. She said that BVHP cannot function with the current Board.

Donna Wolfe is a licensed Psychiatric Technician and asked for the Commission's help regarding staff shortages at BVHP. Ms. Wolfe stated that presently BVHP does not have standard job descriptions, and that there is a record number of grievances there.

Paul Henderson stated that he was from the Consumer Committee Clubhouse. Mr. Henderson said that BVHP now has fewer staff to assist its consumers.

Kati Okari is the Violence Coordinator for the Violence Prevention project. She stated that she has lived her entire life in Bayview Hunters Point. Ms. Okari stated that BVHP is no longer community based, and that there is no connection between the administration and the community.

Faye Roe is a representative of Local 790. She stated that the workers do no get what they need to maintain services, and that the bargaining unit has decreased from 120 workers to 70.

Jesse Mason, BVHP Community Advocates spoke about environmental justice. He stated that BVHP is like a ghost town, and has returned money, unspent, that was intended for programs.

The meeting was adjourned at 4:05 p.m.

Arthur Greenberg

Arthur R. Greenberg
Interim Health Commission Secretary

Attachment (1)

City and County of San Francisco Department of Public Health

Date: March 7, 2001

Memo to: Joint Conference Committee for Quality Assurance/ Population Health and Prevention

From: Larry Doyle

Re: Chief Financial Officer's Report

Attached is the PHP Revenue and Expenditure report for the month ending January 2001. I am anticipating a surplus of $4,555,309. This represents an increase of $120,825 from the December report submitted to the full Health Commission.

Overall, revenues are estimated to be on target with the exception of $1.4 million we have received for Medical Administrative Activities (MAA) in this current year for services rendered in Fiscal Years 1998-99 and 1999-2000. This one item accounts for the preponderance of our anticipated revenues collected over the budgeted amount.

On the expenditure side, salaries continue to run approximately $1 million in excess of our current year's savings requirement. We are also anticipating an additional $2 million of contract savings on the expenditure side.

There are no projected deficits in any of the sections of Population Health and Prevention. Once again, after reviewing these estimates, I am fairly certain that Population Health and Prevention will be in a positive situation at the close of this fiscal year.

LD/mg

Attachment

DEPT (82) DPH - CENTRAL ADMINISTRATION AND POPULATION HEALTH AND PREVENTION - ALL
REVENUES THRU JANUARY, 2001 (GENERAL FUND, WORK ORDER FUND, ANNUAL AND CONTINUING PROJECTS FUND)
FY 2000-01 PER ON LINE FAMIS AS OF 2/01/01

DESCRIPTION	BOARD APPROVED BUDGET (1)	REVISIONS (2)	TOTAL REVISED BUDGET	REALIZED REVENUES THIS MO	REALIZED REVENUES TO DATE	PROJECTED REALIZED THRU 06/30/01	PROJECTED SURPLUS <DEFICITS>
SHORT DOYLE	8,579,348	0	8,579,348	0	136,325	8,579,348	0
S/D MEDICAL	27,929,490	0	27,929,490	0	3,340,588	27,929,490	0
MEDI CAL	10,502,424	0	10,502,424	565,519	3,819,549	11,338,374	835,950
MEDI CARE	1,001,000	0	1,001,000	35,464	(120,409)	420,518	(580,482)
PATIENT REVENUES	4,950,745	0	4,950,745	57,223	3,102,593	5,814,995	864,250
STATE ALCOHOL	14,934,103	0	14,934,103	0	2,489,016	14,934,103	0
PROP 99/AB 75	1,124,429	(19,952)	1,104,477	0	460,200	1,104,477	0
MISC REVENUES	10,996,266	0	10,996,266	1,119,305	4,350,049	11,393,966	397,700
TRANSFERS IN	0	0	0	0	0	0	0
ST REALIGNMNT/HEALTH	23,461,500	0	23,461,500	0	15,139,289	23,461,500	0
ST REALIGNMNT/MNTL HLTH	52,325,700	0	52,325,700	0	18,882,230	52,325,700	0
ST REALIGNMNT/SOC SVCS	508,492	0	508,492	0	234,516	508,492	0
WO RECOVERIES	12,561,795	3,086,413 (2)	15,648,208	646,805	4,912,461	15,648,208	0
SUBTOTAL	168,875,292	3,066,461	171,941,753	2,424,316	56,746,407	173,459,171	1,517,418
APPROPRIATED/BUDGETED CF	0	17,221,638 (3)	17,221,638			17,221,638	0
GENERAL FUND	97,856,755	261,393 (4)	98,118,148			98,118,148	0
BAD DEBTS	0	0	0			0	0
TOTAL REVENUES	266,732,047	20,549,492	287,281,539	2,424,316	56,746,407	288,798,957	1,517,418
LESS: EXPENDITURES	266,732,047	20,549,492	287,281,539			284,243,648	3,037,891
SURPLUS/<DEFICITS>						4,555,309	4,555,309

FOOTNOTES:

1) Reflects Phase D Board Approved Budget consisting of:

General Fund $351,270,481 <less> SB 855 $98,224,658	253,045,823
Prop 99	1,124,429
Work Order Recoveries	12,561,795
Total	266,732,047

2) Reflects $1,078,049 prior years work order carriedforward, $22,434 WO-Pager Svcs, $100,000 WO-PUC, $25,000 WO-Child Youth & Families, $330,899 WO-Lifemark Contract, $19,051 WO-AARS Drug Court, $50,000 WO-Rodent Ctl Program, $3,271 WO-EMSA Program, $120,000 WO-Parking & Traffic, $330,000 WO-SPMP Foster Care, $40,000 WO-PW, $4,059 WO-AT, $99,737 MH WO-DCYF, $99,737 SA WO-DCYF, $4,000 WO-EAP Worker Comp Training, $650,000 WO-Children & Family, <$73,000> WO-Subacute Patch, $233,176 WO-DHS; and <$50,000> WO- HUD Medical Detox program.
3) Reflects $3,984,700 appropriation carriedforward, $6,690,675 encumbrances carriedforward, and Managed Care prior years appropriation carriedforward of $3,236,263, and $3,310,000 interfund transfer to Managed Care

DEPT (82) DPH - CENTRAL ADMINISTRATION AND POPULATION HEALTH AND PREVENTION - ALL
EXPENDITURES THRU JANUARY, 2001 (GENERAL FUND, WORK ORDER FUND, ANNUAL AND CONTINUING PROJECTS FUND)
FY 2000-01 PER ON LINE FAMIS AS OF 2/01/01

DESCRIPTION	BOARD APPROVED BUDGET (1)	REVISIONS (2)	TOTAL REVISED BUDGET (3)	REALIZED REVENUES		PROJECTED REALIZED THRU 06/30/01	PROJECTED SURPLUS <DEFICITS>
				THIS MO	TO DATE		
PERSONNEL							
SALARIES	63,443,603	27,594	63,471,197	6,830,482	32,669,192	62,060,205	1,410,992
MFB	14,303,258	13,140	14,316,398	1,599,713	7,506,121	14,545,229	(228,831)
SUBTOTAL	77,746,861	40,734	77,787,595	8,430,195	40,175,313	76,605,434	1,182,161
CONTRACTUAL SERVICES	173,893,567	12,615,939	186,509,506	18,204,994	121,577,946	185,138,906	1,370,600
MISCELLANEOUS:							
MATERIALS & SUPPLIES	4,256,895	1,454,113	5,711,008	472,017	2,737,517	5,611,008	100,000
EQUIPMENT	115,733	1,876,326	1,992,059	9,590	95,402	1,992,059	0
WO/MISCELLANEOUS	10,718,991	1,252,380	11,971,371	431,475	6,592,879	11,586,241	385,130
TRANSFERS OUT	0	3,310,000	3,310,000	160,000	3,310,000	3,310,000	0
SUBTOTAL	15,091,619	7,892,819	22,984,438	1,073,082	12,735,798	22,499,308	485,130
TOTAL EXPENDITURES	266,732,047	20,549,492	287,281,539	27,708,271	174,489,057	284,243,648	3,037,891

FOOTNOTES:

1)

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

Roma P. Guy, M.S.W.
President

Edward A. Chow, M.D.
Vice President

Arthur M. Jackson
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

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Director of Health

Arthur Greenberg
Interim Health Commission Secretary

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Web Site: ***http//www.dph.sf.ca.us***

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AGENDA

JOINT CONFERENCE COMMITTEE MEETING FOR POPULATION HEALTH AND PREVENTION

Monday July 9, 2001
3:00 p.m. – 5:00 p.m.
101 Grove Street, Room #220
San Francisco, CA 94102

Commissioner Harrison Parker, Sr., D.D.S., Chairperson
Commissioner Edward A. Chow, M.D.

Youth Commissioner, Rolando Bonilla

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF MINUTES FOR MAY 14, 2001**
**Minutes for May 14, 2001*

3) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Barbara Garcia, PHP Director)
(Description of activities and operations of Population Health and Prevention Division)

4) **FOR DISCUSSION:** **FISCAL REPORT**
(Larry Doyle, Chief Financial Officer)

5) **FOR DISCUSSION:** **IMPLEMENTATION OF STRATEGIC PLAN AND THE JOINT CONFERENCE COMMITTEE REPORTING ISSUES UNDER THE NEW DPH ORGANIZATION**
(Barbara Garcia, PHP Director)

6) OTHER BUSINESS/PUBLIC COMMENTS**

7) ADJOURNMENT

* **Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311.**

** **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access

Room #220, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 923-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at:

Sunshine Ordinance Task Force
Donna Hall, Administrator
City Hall, Room #244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

Telephone: (415) 554-7724
Fax: (415) 554-5163
E-mail: Donna_Hall@ci.sf.ca.us

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us**.

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canceled

Roma P. Guy, M.S.W.
President

Edward A. Chow, M.D.
Vice President

Arthur M. Jackson
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

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PUBLIC NOTICE

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CANCELLED

JOINT CONFERENCE COMMITTEE FOR POPULATION HEALTH AND PREVENTION MEETING

08-13-01A10:05 RCVD

The Joint Conference Committee for Population Health and Prevention meeting, originally scheduled for Monday, August 13, 2001 has been cancelled.

The next regularly scheduled meeting will be Monday, September 10, 2001 at 3:00 p.m., at 101 Grove Street, Room #220, as usual.

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Roma P. Guy, M.S.W.
President

Edward A. Chow, M.D.
Vice President

Arthur M. Jackson
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
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HEALTH COMMISSION

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AGENDA

JOINT CONFERENCE COMMITTEE MEETING FOR POPULATION HEALTH AND PREVENTION

Monday, September 10, 2001
3:00 p.m. – 5:00 p.m.
101 Grove Street, Room #220
San Francisco, CA 94102

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Commissioner Harrison Parker, Sr., D.D.S., Chairperson
Commissioner Edward A. Chow, M.D.

Youth Commissioner, Rolando Bonilla

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF MINUTES FOR JULY 9, 2001**
**Minutes for July 9, 2001*

3) **FOR DISCUSSION:** **SECRETARY'S REPORT**
(Jimmy Loyce, PHP Secretary)
(Description of activities and operations of Population Health and Prevention Division)

4) **FOR DISCUSSION:** **PRESENTATION OF THE PROFILE OF INJURY REPORT**
(Michael Radetsky, MPH)

5) OTHER BUSINESS/PUBLIC COMMENTS**

6) ADJOURNMENT

* **Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311.**

** **Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that are within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.**

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Roma P. Guy, M.S.W.
President

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Arthur M. Jackson
Commissioner

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Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

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MINUTES

JOINT CONFERENCE COMMITTEE MEETING FOR POPULATION HEALTH AND PREVENTION

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Monday, September 10, 2001
3:00 p.m. – 5:00 p.m.
101 Grove Street, Room #220
San Francisco, CA 94102

1) CALL TO ORDER

The meeting was called to order by Commissioner Harrison Parker, Sr., D.D.S., at 3:05 p.m.

Present: Commissioner Harrison Parker, Sr., D.D.S., Chairperson
Commissioner Edward A. Chow, M.D.
Youth Commissioner Rolando Bonilla

Staff: Tomás Aragón, Lyn Fischer, Michael Radetsky, Elizabeth McLoughlin, Sc.D., Ginger Smyly, Patricia Evans, M.D., Jim Stillwell, Marc Trotz, Mildred Crear, Jeffrey Leong, Larry Doyle, Charlie Morimoto, Rajiv Bhatia, M.D., Masac Kawamura, Sai-Ling Chan-Sew.

2) APPROVAL OF MINUTES FOR JULY 9, 2001

The minutes for the July 9, 2001 Population Health and Prevention Joint Conference Committee were not available, so the Committee continued this item to the next meeting.

Action Taken: The Committee continued this item to the next meeting of the Population Health and Prevention Joint Conference Committee.

3) SECRETARY'S REPORT
(Jimmy Loyce, PHP Secretary)

Barbara Garcia, Co-Secretary for the Population Health and Prevention Joint Conference Committee, presented the Secretary's report.

AIDS OFFICE

Research Branch

Within the HIV Prevention Research Section, highlights of the year included the successful completion of enrollment of 736 high-risk men who have sex with men into project EXPLORE, a behavioral trial measuring the effect of intensive versus standard HIV testing and counseling on HIV infection rates; at 12 months follow-up, retention has been 88%. Phase I of the NEW CHOICES study was also successfully completed, enrolling 535 MSM, 33% of whom were African American and 27% Latino. Important preliminary results from this study demonstrate that in San Francisco, high-risk behavior is common across race/ethnicity and age groups, that meeting sex partners on the Internet is associated with very high-risk behavior, and that men in relationships often have sexual relationships with other partners without reporting this activity to their primary partners. Results from this study were presented at the national HIV Prevention conference in Atlanta in August 2001; the section also had papers published in the American Journal of Public Health and JAIDS.

Numerous HIV vaccine trials are currently underway or planned. Participants within the VAXGEN trial, the first phase III efficacy trial, are entering their third year of follow-up, and enrollment of 150 participants into the VISION trial, a study of attitudes about HIV vaccines, is about to be completed. Over the summer, enrollment of high-risk participants into a phase II safety and immunogenicity trial of a new potential vaccine product was successfully completed. Over the next year, we anticipate conducting multiple safety and immunogenicity trials of potential vaccine candidates as part of the NIH-funded vaccine trials network (VTN).

HIV Health Services

The Monitoring Process for CARE-funded contracts through February 2002 will begin this month and will continue through the end of this year. Program Managers from other DPH sections are encouraged to participate in this process and may be contacted soon.

HHS has completed a grant application for funding from the Office of Minority Health for a program to increase access to care for women and persons of color with HIV disease. Funding is expected to be $1,105,000 for a one year project. Collaborators include SFGH, UCSF, Castro-Mission Health Center, Mission Neighborhood Health Center, Black Coalition on AIDS, and Dolores Street Community Services.

A solicitation process for funding received through the CARE Congressional Black Caucus (CBC) Initiative has been completed. Awards will be announced and contracts completed during the month of September.

HHS is developing the application for renewal of Ryan White CARE funds for fiscal year 2002 through 2003. The application is due October 22, 2001.

Prevention

The HIV Prevention Section and the HIV Prevention Planning Council (HPPC) recently published the 2001 HIV Prevention Plan. The result of more than a years research, community input and writing, the Plan describes the current state of the HIV/AIDS epidemic in San Francisco's and outlines strategies for averting new infections.
Based on the Plan, a new RFP (request for proposals) was issued in May 2001. All community and DPH based providers of HIV prevention services had the opportunity to apply for funds for the next four-year cycle. The awards were announced in early September and contracts will be negotiated for new services to begin January 2002.

Epidemiology and Evaluation

In fiscal year 2000/01, the Epidemiology and Evaluation Section completed an evaluation of HIV Prevention Case Management (PCM) funded by SFDPH. PCM applies the methods of traditional case management in helping both HIV positive and negative persons decrease their HIV risk behaviors. Fourteen community-based agencies worked with the AIDS Office (AO) on the project. During 1997 to mid-1999, 1,081 San Franciscans received PCM services, 30% of whom were HIV positive, 56% HIV negative and 14% had not previously tested. Typical services clients received were counseling and emotional support, skills building, HIV/AIDS prevention education, and referrals to substance abuse counseling, health care and mental health services. Prior to the evaluation, there was no consistent definition of PCM among agencies; funded agencies varied greatly in the methods used to deliver PCM and the extent of services provided. One result of the project was that a new set of guidelines and standards for the delivery of PCM services in San Francisco were developed and are being implemented by all AO funded programs.

Project Reggie: Streamlining connections to CARE for HIV-infected persons in San Francisco

Reggie is a centralized computerized registration and information/referral system for clients receiving HIV CARE-funded health and social services in the San Francisco Bay area. This database allows agencies to share client registration information providing clients with easier access to needed services while maintaining exceptional levels of confidentiality and security. Agencies are also able to generate a wide variety of reports on their clientele, and use the system to bill for services provided. The Reggie system not only improves the ability of agencies to streamline and triage service delivery, but to better understand who they serve and plan accordingly. Reggie data are also used by the HIV Health Services Planning council to prioritize funding allocations for HIV/AIDS services and by the Health Services Section of the AIDS Office as documentation to remain competitive for future CARE dollars. During 2000, 96% of all CARE-funded agencies (82 sites) and 82% of all San Francisco CARE-eligible clients (n=9,436) participated in Reggie. Thus, Project Reggie has proven to be a useful tool in decreasing the service registration burden for the overwhelming majority of clients and in supplying critical data to both policy planners and service providers.

Community Programs

Maternal and Child Health (MCH)

Governor Davis blue-penciled $2.664 million dollars of general fund money from the Maternal and Child Health Branch budget. Although this appears to be a small amount of money, it actually provides close to $7 million, once matching occurs at the federal level. In San Francisco, though our State MCH allocation is $66,243, our MCH program would lose $213,908. This would require us to eliminate half of our program staff. These funds provide county staff support for critical, State mandated, maternal and child health (MCH) programs, such as Comprehensive Perinatal Services Program (CPSP), Perinatal Outreach & Education (POE), and Sudden Infant Death Syndrome (SIDS) follow-up and support. Although limited funding for these programs continues, there will be no staff to administer them without a reinstatement of the State MCH allocation.

Patricia E. Evans, MD, the Medical Director of Maternal and Child Health, received approval for funding of a dental research grant from the National Institutes of Health and through the University of California San Francisco. The aim of this 2-year study is to identify barriers to accessing preventive oral health care among African American, Chinese, Filipino, and Hispanic caregivers of children between 1 and 5 years of age, including those related to culture as measured by knowledge, attitudes and behaviors. A qualitative research methodology, or focus groups, will be used to obtain this information. The budgeted amount for this two-year project is $223,475.

Housing and Urban Health
Action Point 2 received its second year renewal award in the amount of $492,000. This collaboration between ICHOW and the Department of Substance Abuse Medicine is going very well with recruitment at expected levels.

Community Health Promotion & Prevention
Ginger Smyly is rolling out the first stage of the Employee Disaster Training. It will be delivered as a "train the trainer" model to section managers or their designated trainers. Section managers (PHP) will be responsible for ensuring that their employees have received EDT training by the end of fiscal year 2001 –2002.

Administration
The new issue of the Skill Builder is being distributed to employees this week. It lists courses available to DPH employees through December 2001. It is being distributed to employees at our Community Out-Patient Clinics for the first time.

Personnel

- Ginger Smyly has been appointed the Interim Director for CHPP
- Jim Stillwell has been appointed the Interim Director for CSAS
- Maria Cora, formerly with Special Programs for Youth, has been hired as the new Women's Health Services Coordinator and will begin on October 9th

Community Health and Safety

STD Program
On August 6, 2001, William Wong, M.D. began his two year assignment as the STD Program's Epidemiologic Intelligence Service (EIS) Officer. Dr. Wong completed his internal medicine residency at Cook County Hospital and a General Medicine Fellowship at the University of Illinois. Among his other duties, which include evaluating our syphilis surveillance system and responding to disease outbreaks, Dr. Wong will be spending one-half day a week providing services to STD Clinic clients starting in November 2001.

The STD Program's Annual STD Update is scheduled to be held at Carr Auditorium on September 20th from 8:00 a.m. to 12:30 p.m. and again on October 3rd from 12:30 p.m. to 5:00 p.m. The Update is for all of our STD program Screening Site providers and for other health practitioners who provide care to STD clients. The STD Program collaborates with the State of California STD Prevention Training Center to be able to provide CEUs to participants and works closely with the DPH Microbiology Lab which provides input into the Update content, as well as speakers for the actual update. This year's Update will include a discussion on: 2000 STD prevalence rates in San Francisco, the use of amplified testing for gonorrhea and chlamydia for non-genital sites, genital dermatology, an update on the Gonorrhea Isolate Surveillance Project and a STD clinical update. Revised gonorrhea and chlamydia screening protocols will also be distributed. If anyone would like to register, they should contact Sharon Byrd at 487-5524.

Commissioners' Comments

- Commissioner Chow, commenting on the report on the AIDS Office, requested that the HIV Prevention Plan be agendized at future PHP Joint Conference Committee meeting.

- Commissioner Parker stated that dentistry as a public health issue needs to be made more visible, and commented that there is no funding for dental services from the Federal government. Commissioner Parker asked, with respect to the dental research grant that the Department has received, who will be performing the research. Dr. Patricia Evans responded that the grant does not fund clinical research, rather a series of focus groups to identify barriers to accessing preventive oral health care among children between the ages of 1 and 5.

4) PRESENTATION OF THE PROFILE OF INJURY REPORT
(Michael Radetsky, MPH)

Michael Radetsky presented the Profile of Injury Report. The presentation consisted of a brief background of the Profile of Injury Report, including an acknowledgment of people involved, its purpose and history, key findings and recommendations. Mr. Radetsky introduced Elizabeth McLoughlin, Sc.D., Associate Director for Prevention at the San Francisco Injury Center. Dr. McLoughlin provided a more detailed review of specific findings, including the eight leading mechanisms of injury death, pedestrian injuries, falls, firearm deaths and assaults.

Mr. Radetsky continued the presentation by discussing the implications of the data and identifying areas of focus, including falls and pedestrian injuries. Ginger Smyly, Deputy Director, Community Health Promotion and Prevention, added that the Department of Public Health's Injury Prevention Work Group identified six injury prevention targets: falls; pedestrian safety; firearm injuries; domestic violence; suicide prevention; and overdoses.

Commissioners' Comments

- Commissioner Parker said that the data confirms that the Department needs to be willing to spend money on prevention. Commissioner Parker added that the Department, through the joint conference committees, has to set priorities but needs to see the big picture—the total need of the Department—to do so.

- Commissioner Chow would like to see data about cost savings, or expenditure avoidance, that results from prevention activities. He said that seeing tangible cost impact would help put more money into prevention. Commissioner Chow also said that the Department at some point should bring the entire range of prevention programs to the joint conference committee, rather than bringing individual programs piecemeal.

5) OTHER BUSINESS/PUBLIC COMMENTS

None.

6) ADJOURNMENT

The meeting was adjourned at 5:10 p.m.

Michele M. Olson
Executive Secretary to the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

Roma P. Guy, M.S.W.
President

Edward A. Chow, M.D.
Vice President

Artur M. Jackson
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
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Michele M. Olson
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TEL: (415) 554-2666
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AGENDA

JOINT CONFERENCE COMMITTEE MEETING FOR POPULATION HEALTH AND PREVENTION

Thursday, October 11, 2001*
3:00 p.m. – 5:00 p.m.
25 Van Ness, 3rd Floor Conference Room #330A
San Francisco, CA 94102

01-04-01A11:25 RCVD

Commissioner Harrison Parker, Sr., D.D.S., Chairperson
Commissioner Edward A. Chow, M.D.
Youth Commissioner, Rolando Bonilla

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Please note change of date and location.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF MINUTES FOR SEPTEMBER 10, 2001**
**Minutes for September 10, 2001*

3) **FOR DISCUSSION:** **SECRETARY'S REPORT**
(Jimmy Loyce, PHP Secretary)
(Description of activities and operations of Population Health and Prevention Division)

4) **FOR DISCUSSION:** **ANNUAL ENVIRONMENTAL HEALTH UPDATE**
(Rajiv Bhatia, M.D., Director, Occupational and Environmental Health)
**Report*

5) **FOR DISCUSSION:** **AFRICAN AMERICAN HEALTH INITIATIVE UPDATE**
(Cynthia Selmar, Director, African American Health Initiative, DPH)
**Report*

6) FOR DISCUSSION: FISCAL REPORT 2001-2002 BUDGET OVERVIEW
(Monique Zmuda, DPH Financial Officer)
**Report*

7) OTHER BUSINESS/PUBLIC COMMENTS**

8) ADJOURNMENT

* **Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311.**

** **Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that are within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.**

Disability Access

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Sunshine Ordinance Task Force
Donna Hall, Administrator
City Hall, Room #244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

Telephone: (415) 554-7724
Fax: (415) 554-5163
E-mail: Donna_Hall@ci.sf.ca.us

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HEALTH COMMISSION

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MINUTES

JOINT CONFERENCE COMMITTEE MEETING FOR POPULATION HEALTH AND PREVENTION

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Thursday, October 11, 2001
3:00 p.m.
25 Van Ness, 3rd Floor Conference Room #330A
San Francisco, CA 94102

1) CALL TO ORDER

The meeting of the Population Health and Prevention Joint Conference Committee was called to order by Commissioner Harrison Parker, Sr., D.D.S. at 3:10 p.m.

Present: Commissioner Harrison Parker, Sr., D.D.S., Chairperson
Commissioner Edward A. Chow, M.D.
Youth Commissioner, Rolando Bonilla

Staff: Tomás Aragón, M.D., Rajiv Bhatia, M.D., Sai-Ling Chan-Sew, Michelle Long Dixon, Larry Doyle, Barbara Garcia, Nellie Lee, Jimmy Loyce, Mike Petrie, Wendy Wolf, Jessica Wolin, Monique Zmuda

2) APPROVAL OF MINUTES FOR SEPTEMBER 10, 2001

Action Taken: The Committee approved the minutes for the September 10, 2001 Population Health and Prevention Joint Conference Committee meeting.

3) **SECRETARY'S REPORT**
(Jimmy Loyce, PHP Secretary)
(Description of activities and operations of Population Health and Prevention Division)

Jimmy Loyce presented the Secretary's Report.

AIDS OFFICE

Seroepidemiologoy and AIDS Surveillance Section

The mission of the HIV Seroepidemiology and AIDS Surveillance Section is to monitor the HIV/AIDS epidemic in San Francisco. Efforts range from gauging the burden of AIDS-related disease to tracking the leading edge of HIV transmission. Core surveillance activities center on AIDS case reporting with special studies to gather information on the initiation and impact of antiretroviral treatment, opportunistic infections including cancer and sexually transmitted diseases, AIDS progression and survival, causes of death, and access to care and unmet needs. The section is poised to implement unique identifier reporting for HIV infection in the near future. In order to assess the community-wide impact of HIV/AIDS, the section implements a wide range of specifically targeted epidemiological surveys. In the coming year, we will conduct two population-based surveys: a telephone survey of men who have sex with men, and a door-to-door survey in low income neighborhoods. The section will also coordinate the resumption of the "detuned ELISA" at selected counseling and testing sites. The detuned ELISA provides a tool to identify and characterize recent HIV infection permitting a better understanding of recent patterns of HIV transmission and more focussed targeting of primary prevention programs. Additional community-based surveys conducted by our section will provide data on current trends in sexual and drug use HIV-related risk behavior, including the HIV Testing Survey, the Behavioral Risk Factor Survey, and the recently completed Asian Counseling and Testing Survey. In aggregate, HIV Seroepidemiology and AIDS Surveillance data contribute to prevention and care planning, resource allocation, and HIV/AIDS policy decision-making to combat the epidemic in San Francisco.

COMMUNITY SUBSTANCE ABUSE SERVICES

Barbara Garcia is pleased to announce the appointment of Jim Stillwell as the Interim Director of Community Substance Abuse Services (CSAS). Jim has been the manager of CSAS Finance and Operations for almost a decade, and also served for nine months as the CSAS Interim Director in 1999. Ms. Garcia is confident that, under his leadership, San Francisco will continue in the forefront of alcohol and drug services. Please provide him with your continued support and respect.

COMMUNITY HEALTH SERVICES

Domestic Violence Protocols

Domestic Violence Protocols have been developed for the Community Health Network and are in various stages of implementation in our primary care clinics and hospital units. Earlier this year, Population Health and Prevention (PHP) Management adopted goals for the development, implementation, and evaluation of an Intimate Partner Violence Prevention Initiative that would address the distinct needs of behavioral health providers. A group of community domestic violence experts was formed to write the initial draft of policies and protocols. This process has been completed. In November, individuals representing sections throughout PHP will revise and finalize the policy, develop an implementation plan, and assist with the identification of meaningful outcome

measures. This workgroup will steer the implementation and evaluation of the Intimate Partner Violence Prevention Policy.

STD PROGRAM

STD Program Grant from Centers for Disease Control

The STD Program was recently awarded a new research grant from the Centers for Disease Control to determine the "Efficacy of Condom Skills Building Interventions" among STD Clinic clients. The project will involve developing, implementing and evaluating an interactive condom skills building intervention in the STD Clinic waiting room with approximately 4,000 patients. The item is calendared for the October 16, 2001 Health Commission meeting.

STD Program's Annual STD Update

The STD Program's Annual STD Update was presented on September 20, 2001 and was attended by over 50 San Francisco health providers. CME credits were available to all eligible individuals. The Update is a collaboration between the STD Program, the DPH Lab and the State of California Prevention/Training Center and included a presentation on the Epidemiology of STDs in San Francisco, a STD Clinical update, an update on Genital Ulcer Dermatology, a STD Screening Program update and a Laboratory update about the new diagnostic testing available for gonorrhea and chlamydia. The Annual STD Update was offered again on October 3, 2001 for those providers who were unable to attend the previous one.

Gonorrhea and Chlamydia Testing at Folsom Street Fair

On Sunday, September 30, 2001, the STD Program performed gonorrhea and chlamydia urine testing at the Folsom Street Fair. Three new gonorrhea infections and one new chlamydia infection was identified as a result of the screening. STD staff is in the process of notifying the individuals with the positive tests and referring them in for treatment and counseling.

Field Delivery Therapy for Gonorrhea and Chlamydia Infections

The STD Program is continuing to offer STD Clinic clients infected with gonorrhea or chlamydia the option of receiving field delivered therapy. Delivered under the medical license of the STD Director, this service is offered to infected persons who are difficult to motivate to return to the Clinic for treatment of uncomplicated gonorrhea or chlamydia infections. Before administering treatment in the field, disease control investigators assess the client's behavior, discuss complications, ask about allergies to medications and have the client read and sign a consent form. They observe the patient take the oral medication and then spend a few minutes afterwards discussing STD prevention and sex partner referral. As appropriate, partner treatment packs are given to the client to give to their sex partners. If the sex partner is with the client at the time they are receiving field delivered therapy, the partner is offered field delivered therapy as well and a urine sample is collected for later testing. Since beginning the program in 1998, 14% (191/1384) of infected clients have received field delivered therapy.

Treatment on Demand Planning Council Annual Report

The Treatment on Demand Planning Council (TOD) held its annual retreat at the Nimitz House on Yerba Buena Island, on Saturday, September 29. The process that also includes review and discussion of epidemiology data, research, focus groups and community forums, culminates in

December, with a list of new program recommendations to the Director of CSAS. The current TOD is a diverse group of clients/advocates, governmental representatives and service providers. The group identified 20 priorities for initial consideration, of note, is no.1: *Maintain and support infrastructure program so units of service are not reduced.*

As part of the Secretary's Report, Mike Petrie, Administrator of the EMS Section, discussed the Department of Public Health's emergency response to the September 11th terrorist attacks in New York City and Washington, D.C. Mr. Petrie discussed both the actions the Department took that day and in the immediate aftermath, as well as the suggestions for improvement and future actions. Tomás Aragón, Director of Community Health, Epidemiology Section, presented an overview of the Department's bioterrorism response plan.

Commissioners' Comments

- Commissioner Chow asked if the Department would have the financial resources for the disaster response recommendations. Mr. Petrie replied that he felt funds would be manageable. Commissioner Chow asked the status of a helipad at San Francisco General Hospital, and what location is currently being used for helicopter landings. Mr. Petrie stated that the Department is putting together a Request for Information to get cost estimates for the helipad. Currently the only legitimate landing spot is at the San Francisco Police Department facility in Bayview Hunters Point.

- Commissioner Parker asked if the various departments and agencies clearly understand their responsibilities, and how soon the different agencies would be able to respond. Mr. Petrie replied that it is incident specific.

- Rolando Bonilla stated that, during emergency situations where Department of Public Health staff is required to be at work, helping them with child care is important.

4) **ANNUAL ENVIRONMENTAL HEALTH UPDATE**
(Rajiv Bhatia, M.D., Director, Occupational and Environmental Health)

Dr. Rajiv Bhatia presented the 2000-2001 Environmental Health Section Annual Report. The report describes notable activities in current programs and new programs, and a brief summary of quantitative measures of program quality and efficiency. Dr. Bhatia stated the mission of the Environmental Health Section, put the activities of the Section into the context of public health and discussed the strategies. Dr. Bhatia gave specific examples of activities related to enforcement of laws and regulations, assessment and information, interagency collaborations, community collaborations and research. Dr. Bhatia then described Health Impact Assessments, which is a tool to study the health and social impacts of policies, programs and other decisions.

Commissioners' Comments

- Commissioner Parker asked what kind of relationships Environmental Health has with other agencies, such as the Planning Department and the Department of Building Inspection. Dr. Bhatia replied that they have seen the need to understand what other agencies, including the Redevelopment Agency, are doing, and are trying to work together. Dr. Bhatia cited the Hunters Point Shipyard project as a good example.

5) **AFRICAN AMERICAN HEALTH INITIATIVE UPDATE**
(Cynthia Selmar, Director, African American Health Initiative, DPH)

This item was continued to a future meeting of the Population Health and Prevention Joint Conference Committee.

6) **FISCAL REPORT 2001-2002 BUDGET OVERVIEW**
(Monique Zmuda, DPH Financial Officer)

Larry Doyle presented an analysis of F& 2001-2002 Baseline Budget for Population Health and Prevention (Attachment A). Monique Zmuda then discussed the financial situation facing the City and County of San Francisco.

7) **OTHER BUSINESS/PUBLIC COMMENTS**

None.

8) **ADJOURNMENT**

The meeting was adjourned at 5:00 p.m.

Michele M. Olson
Executive Secretary to the Health Commission

Attachments (1)

DPH-Population Health & Prevention
Analysis of FY 2001-2002 Baseline Budget (Phase D dated 8/8/01)
(in thousands)

	Total	Central	CHS	Comments
FY 00-01 Expenditures	**155,049**	**116,074**	**38,975**	**includes SB855 $98M**
FY 01-02 Expenditures	**160,228**	**116,854**	**43,374**	**includes SB855 $98M**
Increase	**5,179**	**780**	**4,399**	
FY 01-02 Exp Changes				
Deletion of One-Time Costs	(867)	(327)	(540)	Deletion of FY 00/01 One-Time Costs
Salary/Positions Changes	2,466	657	1,809	Salary MOU's & position changes
Other Transfers in PHP	(338)	(5)	(333)	$5K Central Adm to AIDS; $338K Urb Hlth to Housing
Rent Increases	710	0	710	Funded by Realignment
Misc Adjustments	982	527	455	$623,342 DTIS, $235K eqpmt; $123,240 Prop99
California Children's Svcs	0	0	0	10.56fte + Oper funded by State rev& Realignment
AIDS Reggie Project	531	0	531	6.0 fte + oper funded by Health Realignment.
Other PHP Adjustments	688	0	688	$194,502 BEHM; $388,465 Immunization; $105,250 Rec/Stat
Mayor's Addbacks	725	0	725	$75K NICOS, $100K Native American, $400K Dupont Matching Grant-HIV Prev, $50K Stop AIDS, $100K Shanti
Board One-Time Additions	285	0	285	$50K Hepatitis C, $40K Pos Resource Ctr, $35K Dolores, $75K Lifelines Shanti, $50K HlthCare Women, $35K Transitions
Board Cuts	(99)	(71)	(28)	Reduction of salaries & fringes
Total Exp Changes	**5,179**	**780**	**4,399**	

FY 00-01 Revenues	**132,144**	**104,794**	**27,349**	**includes SB855 $98M**
FY 01-02 Revenues	**135,256**	**105,450**	**29,807**	**includes SB855 $98M**
Increase	**3,113**	**655**	**2,457**	
FY 01-02 Rev Changes				
Realignment	1,400	0	1,400	
MH Revenues	0	0	0	
MH AB2034	0	0	0	
SA Revenues	0	0	0	
CCS Revenues	0	0	0	
CHS Revenues	1,713	655	1,057	$655K MAA, $141K Indirects, $423K BEHM; $388K Immztn, $105K Rec/Stats
Total Rev Changes	**3,113**	**655**	**2,457**	

FY 00-01 General Fund	**22,905**	**11,279**	**11,626**	
FY 01-02 General Fund	**24,972**	**11,404**	**13,567**	
Increase	**2,067**	**125**	**1,942**	

Attachment A
Page 1 of 1

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Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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PUBLIC NOTICE

JOINT CONFERENCE COMMITTEE FOR POPULATION HEALTH AND PREVENTION COMMITTEE MEETING

The Joint Conference Committee for Population Health and Prevention meeting, originally scheduled for November 12, 2001, has been re-scheduled for:

Thursday, November 15, 2001
3:00 p.m.
101 Grove Street, Room 220
San Francisco, CA 94102

For information call the Health Commission Office at 554-2666

Posted October 25, 2001

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Roma P. Guy, M.S.W.
President

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Vice President

Arthur M. Jackson
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AGENDA

JOINT CONFERENCE COMMITTEE MEETING FOR POPULATION HEALTH AND PREVENTION

Thursday, November 15, 2001*
3:00 p.m. – 5:00 p.m.
101 Grove Street, Room 220
San Francisco, CA 94102

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****PLEASE NOTE CHANGE IN DATE***

Commissioner Harrison Parker, Sr., D.D.S., Chairperson
Commissioner Edward A. Chow, M.D.
Youth Commissioner, Rolando Bonilla

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF MINUTES FOR OCTOBER 11, 2001**
**Minutes for October 11, 2001*

3) **FOR DISCUSSION:** **SECRETARY'S REPORT**
(Jimmy Loyce, PHP Secretary)
(Description of activities and operations of the Population Health and Prevention Division)

4) **FOR DISCUSSION:** **SEXUALLY TRANMITTED DISEASE UPDATE**
(Charlotte Kent, STD Program Epidemiologist)

5) **FOR DISCUSSION:** **EMERGING ISSUES**

6) **OTHER BUSINESS/PUBLIC COMMENTS****

7) **ADJOURNMENT**

* **Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311.**

** **Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that are within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.**

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MINUTES

JOINT CONFERENCE COMMITTEE MEETING FOR POPULATION HEALTH AND PREVENTION

Thursday, November 15, 2001
3:00 p.m.
101 Grove Street, Room 220
San Francisco, CA 94102

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1) CALL TO ORDER

The meeting of the Population Health and Prevention Joint Conference Committee was called to order by Commissioner Harrison Parker, Sr., D.D.S., at 3:00 p.m.

Present: Commissioner Harrison Parker, Sr., D.D.S., Chairperson
Youth Commissioner, Rolando Bonilla

Absent: Commissioner Edward A. Chow, M.D.

Staff: Tomás Aragon, Michelle Long Dixon, Larry Doyle, Patricia Evans, M.D., Masae Kawamura, Charlotte Kent, Jeffrey Leong, James Loyce, Jessica Wolin

2) APPROVAL OF MINUTES FOR OCTOBER 11, 2001

Action Taken: The Committee approved the minutes of the October 11, 2001 Population Health and Prevention Joint Conference Committee meeting.

3) SECRETARY'S REPORT

(Jimmy Loyce, PHP Secretary)
(Description of activities and operations of the Population Health and Prevention Division)

AIDS OFFICE

HIV Research Section - Vaccine Research

The HIV preventive vaccine program has expanded rapidly over the past two years. Since the spring of 1999, the AIDS Office has successfully recruited and retained over 150 participants in a large international Phase III efficacy trial involving 61 sites sponsored by VaxGen of Brisbane, California. A recent interim analysis of all trial data by an independent Data and Safety Monitoring Board reaffirmed an excellent safety profile for the product and demonstrated an annualized retention rate of 95%--a true testament to the commitment of volunteers and research staff. The study will continue through November of 2002 to determine how effectively, in vaccinees, the product prevents new HIV infections. Also, in cooperation with the Centers for Disease Control and Prevention (CDC), the AIDS Office has successfully enrolled over 160 men who are at high risk for HIV infection in a companion behavioral trial called VISION. This trial seeks to answer important questions such as, what motivates participants to join and remain within a large efficacy trial, and how does risk behavior and attitudes change during the course of the study.

In June 2000, the HIV Research Section was awarded a 5-year grant from the National Institutes of Health to become an HIV Vaccine Trials Unit in a new global network designed to test novel preventive HIV vaccines. These Units are situated in ten U.S. cities, Brazil, China, Haiti, India, Peru, South Africa, Thailand and Trinidad. The San Francisco Unit has been put in charge of planning for NIH's first Phase III HIV vaccine trial, designed to take one or more experimental HIV vaccines shown to be safe, and to produce immune responses in hundreds of volunteers then, into a large trial, in thousands of volunteers. The San Francisco group is working closely with investigators and communities at existing HIV vaccine trial sites, as well as helping to prepare new sites in Argentina, the Dominican Republic, Honduras, and Puerto Rico. HIV uninfected persons in San Francisco have volunteered to participate in the earlier phases of testing of these vaccine candidates. A robust trial pipeline testing new preventive HIV vaccine candidates, including two Phase I trials to be initiated before the end of this year, gives the AIDS Office the opportunity to recruit study participants who reflect the diversity of San Francisco. With the assistance of our Community Advisory Board (CAB) to develop a comprehensive community education plan, the AIDS Office hope to engage the community in an ongoing dialogue about the importance of this research and how collectively the obstacles to developing and testing preventive HIV vaccines can be overcome.

HIV Research Section – Prevention Studies

The HIV Research Section is working on a number of important studies evaluating innovative strategies to reduce risk behavior and HIV infection rates in San Francisco. With HIV rates among San Francisco men who have sex with men (MSM) doubling over the past three years, new interventions are urgently needed. Within the prevention studies program of the Research Section, the AIDS Office goal is to design and conduct HIV prevention trials, including behavioral and non-vaccine biomedical interventions.

As part of the National Institute of Health's HIV Prevention Trial Network (HPTN), the AIDS Office has enrolled 736 participants in the EXPLORE trial, a trial examining the effect of intensive HIV risk reduction counseling on HIV infection rates among MSM. This important trial will be the first to examine behavioral reduction counseling, extensive behavioral assessments, and STD testing. Data collected from this trail will contribute to an understanding of the social and psychological dynamics that contribute to high-risk behavior among contemporary San Francisco MSM. The 18-month trial retention is 86%, a very successful rate for a behavioral intervention.

The AIDS Office is also about to conclude the NEW CHOICES study, a study examining the impact of advances in treating and understanding HIV-positive San Francisco MSM. To date, nearly 1,000 MSM have been enrolled into his study, of whom one-third is African-American and one-third Latino. By determining how participants perceive their own risk of acquiring or transmitting HIV in the setting of reduced viral loads and antiretrovial therapy, it is hoped to develop contemporary prevention messages that address the needs and concerns of both HIV-negative and HIV-positive MSM.

In analyzing preliminary results from the NEW CHOICES study, it was found that HIV-infected MSM reported high-risk behavior with non-infected partners, prompting the AIDS Office to focus its attention on HIV-positive prevention efforts. In September, the Office successfully competed for a CDC-funded study to determine the effect of health care provider prevention counseling on patient risk behavior. Proposed sites for this 3-year study are San Francisco General Hospital, Kaiser Permanente San Francisco, and the Mission Neighborhood Health Center.

Finally, the prevention studies program is looking forward to developing closer relationships with co-investigators at the HPTN site in Zimbabwe. CAB members are currently working on a proposal to develop a paired working relationship with the Zimbabwe CAB. The paired CAB system will enable members to exchange information in a timely and effective manner, to expand local CAB expertise, and to improve trial design and procedures throughout the HPTN. Collaborative projects could include developing strategies for community input at each of the sites, assisting with the design of the HPTN protocols so that they are responsive to general and local community needs, and ensuring that trials are conducted in a culturally sensitive but consistent manner across the two sites.

COMMUNITY HEALTH PROGRAMS

Recent Health Fair a Potential Model of Service Provision

Housing and Urban Health led a collaboration of Health Department employees to conduct a health fair at two residential hotels. Staff from HUH, the AIDS Office and from TB control and Prevention provided flu shots, HIV testing and counseling, STD screening and treatment, tuberculosis screening and urgent care medical services for the residents of the Le Nain and Pacific Bay Inn. The day was a great success with over fifty residents seeking out services and may be replicated as a model of service provision in the near future.

HIV Medication Adherence Support Services Grant

The University of California, San Francisco's Department of Medicine recently received funding for a five-year project to evaluate HIV medication adherence support services among HIV infected urban poor. The study will randomize a cohort of 400 HIV+ urban poor to directly observed therapy, the Health Department's Action Point Adherence Project and to regular care. Funding for this project should be an opportunity to evaluate the effectiveness of Action Point and Directly Observed Therapy.

Children's Lead Prevention Program

The Children's Lead Prevention Program staff developed a number of activities to mark National Lead Poisoning Prevention Week, which took place the week of October 22-27, 2001. These activities included the following:

1. The Children's Lead Prevention Program staff developed a press release emphasizing new State Department of Health Services regulations requiring medical providers to test blood lead levels of children at 12 and 24 months of age, if they receive services from publicly funded programs for low-income children. Also, medical providers are required to test these children between the ages of 25 and 72 months, if they have not been previously tested.

Children not eligible for these publicly assisted programs should be evaluated for risk of lead poisoning by asking if the child has been exposed to deteriorating paint or if the child has spent time in a house built before 1960, which has been recently remodeled.

2. Staff initiated the airing of a public service announcement by KNBR radio.

3. Singtao Chinese Radio conducted an interview with one of the Program's Assistant Health Educators, David Lo.

4. Program staff participated in two community events during the week:

 - San Francisco Children's Council Health Conference; and
 - Chinatown Community Health Fair

5. Informational bookmarkers in English, Spanish, and Chinese were delivered to the San Francisco Public Library for distribution.

STD PROGRAMS

Continued Increase in San Francisco Syphilis Cases

Director of the STD Section, Dr. Klausner, presented information about the increase in syphilis in San Francisco at the 2001 Infectious Disease Society of America (IDSA) Meeting that was held in San Francisco the weekend of October 26th, 2001. One of the biggest concerns about the increase in syphilis cases in the City is that of the 1,130 partners reported during 2001, only 8% had enough locating information for a disease intervention specialist to begin an investigation and notify them of their exposure.

The STD Section then held a meeting on October 30, 2001 with over 20 community leaders to educate them about the increase in syphilis in San Francisco and to get their ideas for interventions that would work and wouldn't work with MSMs in the City.

The following print items highlight the syphilis issue:

- On October 25, 2001, a press release was issued focusing on the increase in early syphilis in San Francisco. The story was then featured in an article in the San Francisco Chronicle and a number of local talk and news shows.

- Large ads are being run twice a month in the Bay Area Reporter, the largest free weekly paper in the City with a predominantly gay readership to inform MSMs about the continued increase in syphilis. The first ad was a bar graph, which depicted the increase in cases from 1998 to 2001.

- An editorial note about the increase in syphilis in the City was included in the October Monthly STD Report which is distributed to over 800 providers in the City. The Note contained a recommendation to screen all sexually active gay and bisexual men twice each year for syphilis.

Outreach to Reduce Unsafe Sexual Activities in San Francisco Sex Clubs

The STD Section is continuing to work closely with the City's sex clubs, adult bookstores and selected bars/clubs to ensure that syphilis information is available, condoms are accessible and signage is

posted notifying patrons that unsafe sexual activities will not be tolerated. In October, a member of the syphilis rapid response team attended a meeting of 25 bookstore managers in the City. Copies of a newly developed poster were handed out that graphically depicts a chancre on a penis. These posters will be hung in all of the bookstores along with newly developed signage setting out the "safer sex rules" for the establishment. Referral cards for the STD Program will be readily available to clients and increased numbers of condoms will be located throughout the bookstores, both in the lobby and the arcade.

STD Warnings in San Francisco Based America On-line MSM Chatrooms

Dr. Klausner is working closely with the National Coalition of STD Directors (NCSD) and Centers for Disease Control to try to get America On Line (AOL) to begin posting warnings in some of their MSM chatrooms about the risks of exposure to STDs. NCSD has already drafted and sent a letter to AOL asking that they air PSAs and other health-related messages in their chatrooms, and CDC has agreed to convene a meeting of experts from around the country to discuss STDs and the Internet. On October 29, 2001, the San Francisco Board of Supervisors passed a resolution demanding that AOL post health warnings in their San Francisco based MSM chatrooms about the increase in syphilis and the risks of exposure to STDs if partners are met through this type of venue.

4) SEXUALLY TRANMITTED DISEASE UPDATE

(Charlotte Kent, STD Program Epidemiologist)

Charlotte Kent, STD Program Epidemiologist, presented the Report on Epidemiology of STDs in San Francisco: 2000-2001. Ms. Kent presented a number of charts that demonstrated STD rates for adolescents, geographic trends in male and female adolescent chlamydia rates, reported gonorrhea cases since 1955 and gender- and neighborhood-specific gonorrhea rates. Ms. Kent stated that gonorrhea cases have increased 33 percent since 1999, although the rate is still markedly less than it has been historically. The increase is primarily in men. There are more than 27 STD screening sites across the city, including jails and health clinics.

Ms. Kent then presented a number of charts regarding early syphilis cases in San Francisco. She stated that early syphilis cases have doubled each year since 1998 in San Francisco, mostly in MSM. MSM cases have been more likely to be HIV-positive and have met partners in venues associated with multiple partners and unnamed partners. She stated that the follow-up has been the following:

- Intensive HIV-care provider education efforts and new recommendations to screen MSM every six months for syphilis were implemented.
- Collaborations to inform patrons of adult bookstores and sex clubs of the increases in syphilis and to promote safer sex are underway.
- Efforts to work with out-of-jurisdiction businesses like bath houses were renewed but challenges exist getting Internet service providers like AOL to conduct focused prevention activities.
- A community-level syphilis awareness and prevention campaign was initiated in October 2001.

Commissioners' Comments

- Commissioner Parker asked if the data is collected from the public clinics only or from all health care facilities in the city. Ms. Kent responded that the data comes from all places, because STDs are reportable diseases. Commissioner Parker then asked about the increase in chlamydia rates. Ms. Kent replied that even though total cases are increasing, she thinks this is due to widespread testing rather than an increase in the actual rate. Commissioner Parker

asked if staff had any recommendation that focus on increased resources, or perhaps distribution of those populations that are disproportionately affected. Ms. Kent responded that a chlamydia eradication program that targets Bayview Hunters Point has just begun. In addition, the Department is awaiting word on a CDC grant. She said that the biggest concern, however, is syphilis. Commissioner Parked concluded by saying that if STDs are increasing among MSM, perhaps the prevention messages need to be revisited.

- Mr. Bonilla asked if syphilis is affecting the adolescent community. Ms. Kent responded that it is mainly affecting people in their 30s and 40s. Mr. Bonilla then asked if the school-based health centers do STD screening. Ms. Kent said yes. She added that San Francisco's adolescent STD rates are low compared to other cities.

Public Comment

- Alex MacDonald, San Francisco Frontiers, suggested that the Department consider having its health education campaigns include the message that prevention is not just a matter of life or death, but rather and issue of quality of life.

6) EMERGING ISSUES

Dr. Patricia Evans raised as an emerging issue the fact that the federal government will be allocating funds for infrastructure for bioterrorism, and she stated that the Department should not narrowly define what is considered infrastructure.

7) OTHER BUSINESS/PUBLIC COMMENTS

None.

8) ADJOURNMENT

The meeting was adjourned at 4:30 p.m.

Michele M. Olson
Executive Secretary to the Health Commission

Roma P. Guy, M.S.W.
President

Edward A. Chow, M.D.
Vice President

Arthur M. Jackson
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

TEL: (415) 554-2666
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AGENDA

JOINT CONFERENCE COMMITTEE MEETING FOR POPULATION HEALTH AND PREVENTION

Monday, December 10, 2001
3:00 p.m. – 5:00 p.m.
101 Grove Street, Room 220
San Francisco, CA 94102

DOCUMENTS DEPT.

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Commissioner Harrison Parker, Sr., D.D.S., Chairperson
Commissioner Edward A. Chow, M.D.
Youth Commissioner, Rolando Bonilla

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF MINUTES FOR NOVEMBER 15, 2001**
**Minutes for November 15, 2001*

3) **FOR DISCUSSION:** **SECRETARY'S REPORT**
(Jimmy Loyce, PHP Secretary)
(Description of activities and operations of the Population Health and Prevention Division)

4) **FOR DISCUSSION:** **ANNUAL AIDS UPDATE**
(Jimmy Loyce, PHP Secretary)
**Report*

5) **FOR DISCUSSION:** **GRANTS FINANCIAL OVERVIEW**
(Larry Doyle, PHP Finance Director)
**Report*

6) **FOR DISCUSSION:** **EEO ANNUAL REPORT**
(Norm Nickins, Deputy Director, EEO, Affirmative Action Cultural Competency)
**Report*

7) **FOR DISCUSSION:** **BLACK COALITION ON AIDS HIV PREVENTION CONTRACT TWO-MONTH STATUS REPORT**
(Steven Tierney, Director of HIV Prevention Services)
**Report*

8) **FOR DISCUSSION:** **GLIDE FOUNDATION HIV PREVENTION CONTRACTS TWO-MONTH STATUS REPORT**
(Steven Tierney, Director of HIV Prevention Services)
**Report*

9) **FOR DISCUSSION:** **EMERGING ISSUES**

10) **OTHER BUSINESS/PUBLIC COMMENTS****

11) **ADJOURNMENT**

* **Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311.**

** **Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that are within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.**

Disability Access

Room #220, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 25 Van Ness Avenue meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 923-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at:

Sunshine Ordinance Task Force
Donna Hall, Administrator
City Hall, Room #244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

Telephone: (415) 554-7724
Fax: (415) 554-5163
E-mail: Donna_Hall@ci.sf.ca.us

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us.**

Roma P. Guy, M.S.W.
President

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Vice President

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HEALTH COMMISSION

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MINUTES

JOINT CONFERENCE COMMITTEE MEETING FOR POPULATION HEALTH AND PREVENTION

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Monday, December 10, 2001
3:00 p.m. – 5:00 p.m.
101 Grove Street, Room 220
San Francisco, CA 94102

1) CALL TO ORDER

The meeting of the Population Health and Prevention Joint Conference Committee was called to order by Commissioner Harrison Parker at 3:05 p.m.

Present: Commissioner Harrison Parker, Sr., D.D.S., Chairperson
Commissioner Edward A. Chow, M.D.

Absent: Youth Commissioner, Rolando Bonilla

Staff: Tomás Aragon, M.D., Esperanza Biasbas, Michelle Long Dixon, Larry Doyle, Erik Dubon, Jonathan Fuchs, M.D., Barbara Garcia, Willi McFarland, M.D., Norm Nickens, Sandra Schwartz, Doug Sebesta, Steven Tierney, Marc Trotz and Brenda Walker.

2) APPROVAL OF MINUTES FOR NOVEMBER 15, 2001

Action Taken: The Committee Approved the November 15, 2001 minutes of the Population Health and Prevention Committee.

3) SECRETARY'S REPORT

(Jimmy Loyce, PHP Secretary)
(Description of activities and operations of the Population Health and Prevention Division)

Bioterrorism Preparedness/Response Exercises

Community Health Epidemiology and Disease Control (CHEDC) will be conducting two bioterrorism preparedness/response exercises. First, on December 11, 2001 CHEDC will be conducting an epidemiologic field investigation tabletop exercise to prepare for a possible anthrax bioterrorism event in San Francisco. This is being coordinated by Randy Reiter, Ph.D., MPH. Second, on December 19, 2001 in collaboration with Emergency Medical Services, Environmental Health Section, and SF General Hospital, CHEDC will be conducting a field exercise to test preparedness to deploy and implement a Prevention Treatment Center to provide post-exposure antibiotic prophylaxis to a large number of exposed persons. This is being coordinated by Karen Holbrook, MD, MPH, and Ann Stangby, R.N.

STD Section Provides Information to the Brown & Toland Medical Group

Dr. Klausner, the Director of STD Services, has been working with the Brown and Toland (B&T) Medical Group to ensure that the providers in this group, especially primary care, ob/gyn, medicine, dermatology and infectious disease providers have updated information about STD disease rates and are included on the disease alert mailing list.

Other projects with this group are underway and include assuring that the providers of this group receive the distribution of the STD Prevention Guidelines for Persons in HIV Care and the Increase of Syphilis in Men Who Have Sex With Men.

The B&T group is going to evaluate their chlamydia screening data and determine if some level of provider-based intervention to increase screening in 16-24 year old women is worthwhile.

Continued Increase in San Francisco Syphilis Cases

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The STD Section is continuing to work closely with the City's sex clubs, adult bookstores and selected bars/clubs to ensure that syphilis information is available, condoms are accessible and signage is posted notifying patrons that unsafe sexual activities will not be tolerated. In October, a member of the syphilis rapid response team attended a meeting of 25 bookstore managers in the City. Copies of a newly developed poster were handed out that graphically depicts a chancre on a penis. These posters will be hung in all of the bookstores along with newly developed signage setting out the "safer sex rules" for the establishment. Referral cards for the STD Program will be readily available to clients and increased numbers of condoms will be located throughout the bookstores, both in the lobby as well as the arcade.

HIV Medication Adherence Support Services Grant

The University of California, San Francisco's Department of Medicine, recently received funding for a five-year project to evaluate HIV medication adherence support services among HIV infected urban poor. The study will randomize a cohort of 400 HIV+ urban poor to Directly Observed Therapy, the Health Department's Action Point Adherence Project and to regular care. Funding for this project should be an opportunity to evaluate the effectiveness of Action Point and Directly Observed Therapy.

Deputy Director of Community Programs Accepts a New Position

Jessica Wolin, Deputy Director of Community Programs, has accepted a position as the Director of Youth Sports Connection, a project to strengthen the infrastructure for after-school, weekend and summer sports and recreation for youth in low-income communities in San Francisco and Alameda County. Jessica has worked at the Department for just over four years in a planning capacity. She has made many important contributions to the Department and she will be greatly missed.

Commissioners' Comments

- Commissioner Chow asked if the Department is working with other medical groups the same way it is working with the Brown & Toland Medical Group. Dr. Jeff Klausner responded that the Department has long-standing working relationships with other medical groups, including Kaiser, and that Brown & Toland will be a good improvement. Commissioner Chow asked if the bioterrorism preparedness/response exercises would be limited to San Francisco General Hospital, or done with all hospitals. Dr. Tomás Aragon replied that the first exercise will focus on the capacity of the Epidemiology team, and they want to work out the details before working with other agencies. The second exercise is a dry run of a prevention treatment center, which will be done at SFGH. Commissioner Chow asked that the Epidemiological Section keep the Joint Conference Committee apprised of the progress.

4) ANNUAL AIDS UPDATE

Jimmy Loyce, Deputy Director, HIV Services, presented an overview of the Annual AIDS Update. He discussed a number of programs as they fit into the context of the Department's Strategic Plan. The HIV Prevention Section worked with the HIV Prevention Planning Council to develop principles to guide the redistribution of dollars to those populations most at risk while ensuring services for all San Franciscans. The new allocations better reflect the HIV/AIDS epidemic in San Francisco. There are three tiers: Tier 1 - men who have sex with men (MSM) and transgender communities; Tier 2 - injection drug-using (IDU) populations; and Tier 3 - non-IDU, non MSM populations. Mr. Loyce gave an overview of the HIV prevention contracts, and a number of distinct studies and surveillance activities done by the HIV/AIDS Seroepidemiology/ Surveillance Section. Mr. Loyce discussed trends in AIDS survival as well as a pilot study to develop and evaluate a non-name-based HIV reporting system.

The AIDS Office received two federal Office of Minority Health grants. The first grant funds technical assistance and organizational capacity building for minority community-based contractors serving persons of color with HIV. The second is for provision of services to HIV positive women, youth, African American men, monolingual Latino and transgender persons. Mr. Loyce then summarized the challenges and opportunities facing the AIDS Office in the coming year.

Commissioners' Comments

- Commissioner Parker asked how the funding allocation correlates to geographic areas with high incidences of HIV and AIDS. Steven Tierney responded that the Department has done a mapping overlay of the areas with higher rates of infection, and will include this in the presentation to the full Health Commission. Commissioner Parker stated that he is interested in the status of vaccine development and a cure for AIDS.

- Commissioner Chow recommended that the presentation to the Commission highlight the efforts to develop a preventive vaccine, the non-name-based HIV reporting system and the Office of Minority Health grants.

5) GRANTS FINANCIAL OVERVIEW

Larry Doyle, PHP Finance Director, presented a report on the active grants in Population Health and Prevention, (Attachment A). Currently the grants unit is handling 108 grants, which total slightly more than $100 million. This is a dramatic increase since FY 1996-97, when there were 58 grants totaling approximately $75 million, and demonstrates the relentless pursuit of grant funding. The number of grants and dollar amount by program category is as follows:

Program	Number of Grants	Amount
HIV/AIDS	29	62,203,610
Promotion and Prevention	18	5,518,384
Community and Health Safety	18	9,088,702
Maternal Child Health	13	8,114,682
Mental Health	14	10,012,203
Substance Abuse	16	5,298,708
Grand Total	**108**	**100,236,289**

Mr. Doyle said that the preponderance of the grants is reviewed by the Health Commission as part of the annual budget review. Those grants that are not included in the budget fall into two categories. If multi-year grants come in too late to be included in the budget, they are not included for the first year, but are in subsequent years. Grants of a year or less duration remain extraneous to the budget, but do go through Health Commission and Board of Supervisors review.

Barbara Garcia commented that grants pose two challenges. First, they are time specific, so staff always has to pursue new grant funding opportunities. Second, the grant approval process is lengthy, and there is considerable time between when the grant funding is received and when the money can be spent.

Commissioners' Comments

- Commissioner Parker commended staff for the terrific job that has been done over the past four years increasing grant funding.

- Commissioner Chow asked about the strategy for obtaining grants—does each section decide what grants to apply for, or is it more centrally coordinated? Ms. Garcia responded that they are trying to become more centralized, and there is a central grant development position.

6) EQUAL EMPLOYMENT OPPORTUNITY (EEO) ANNUAL REPORT

Norm Nickins, Deputy Director, EEO, Affirmative Action and Cultural Competency, presented the EEO Annual Report. Mr. Nickens said that in Spring 2001, the Health Commission asked him to review the Department's cultural competency standards. Mr. Nickens summarized the recommendations that resulted from this review.

1. Establish an ongoing Cultural Competency Task Force.
2. Adopt Culturally and Linguistically Accessible Services (CLAS) standards, as modified, to include sexual orientation, gender identity and other local concerns. Mr. Nickens will present a resolution supporting the adoption of CLAS standards to the Health Commission at its January 8, 2002 meeting.
3. Require cultural competency objectives, where appropriate, in all contracts.
4. Develop a standardized monitoring tool for the evaluation of cultural competency in the contract monitoring process.
5. Develop a series of training programs based on a "train the trainer" model.
6. Develop wed-based resources, including training materials, local resources and model policies and procedures.

Commissioners' Comments

- Commissioner Chow stated that with regard to the adoption of CLAS standards, the Department needs to clearly describe why the CLAS standards are the best available, and how exactly the Department intends to modify the standards to reflect local concerns and practices.

7) BLACK COALITION ON AIDS HIV PREVENTION CONTRACT TWO-MONTH STATUS REPORT

On October 2, 2001, the Health Commission approved an HIV prevention contract with the Black Coalition on AIDS, at which time they stipulated a two-month status report to the Joint Conference Committee and a six-month status report to the Budget Committee. Mr. Tierney stated that since the Health Commission meeting, all reports have been submitted on time. Agency management has made tremendous progress toward making long-term change. Mr. Tierney is confident that through the work with the Office of Minority Health (OMH) grant, the agency will be completely stable. Michelle Long Dixon added that the agency has not only been working on implementing long-term change, but are also addressing immediate concerns. Mr. Tierney said he would provide another status report in March 2002.

Duane Poe, Executive Director of the agency, appreciated the patience and confidence of the Commission and the assistance of staff. The OMH grant has been very helpful.

Commissioners' Comments

- Commission Parker asked what the root causes of the chronic problems are and, since the issues have existed for a number of years, why staff is confident that this time the agency will actually address the problems. Mr. Poe replied that the problems are systemic. The staff, while reflective of the community that is served, often does not have the skills. This year, the agency is getting a good core staff who are absorbing and retaining the training from DPH.

8) GLIDE FOUNDATION HIV PREVENTION CONTRACTS TWO-MONTH STATUS REPORT

Mr. Tierney stated that the HIV prevention contracts with Glide Foundation were approved by the Health Commission on October 2, 2001 at which time Commissioner Monfredini requested a brief follow up to the Joint Conference Committee to ensure that the agency continues to move in the right direction. Mr. Tierney said that the agency is indeed moving in the right direction, and the agency has recently been tapped to be a "rapid testing" site. The agency also had problems with staffing, and it now has a team in place and a plan to integrate HIV/AIDS services into the broader health services system. Mr. Tierney is fairly confident that all future reports from the agency will be good, and will provide the committee with another written report in three months.

Representatives from Glide said that they are integrating the HIV prevention services under the health services umbrella. They also reorganized some of the existing staff and were able to create stringent guidelines on expected outcomes and give salary increases to those who meet the objectives.

9) EMERGING ISSUES

As an emerging issue, Mr. Loyce raised the need for the AIDS Office, the Department, and the City and County to begin to examine ways to streamline the contracting process. He said that Santa Clara and Alameda counties could serve as models. He will present a formal report to the Joint Conference Committee at a future meeting.

10) OTHER BUSINESS/PUBLIC COMMENTS

None.

11) ADJOURNMENT

The meeting was adjourned at 5:35 p.m.

Michele M. Olson
Executive Secretary to the Health Commission

Attachment (1)

City and County of San Francisco

Department of Public Health

LARRY DOYLE, CHIEF FINANCIAL OFFICER
POPULATION HEALTH AND PREVENTION
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Date: December 3, 2001

Memo to: Joint Conference Committee
Population Health and Prevention

From: Larry Doyle
Chief Financial Officer, PHP

Re: Chief Financial Officer's Report

I have attached, for your perusal, a listing of all grants currently active for Population Health and Prevention. Currently, the grants unit is handling 108 grants, which total slightly in excess of $100,000,000. Just to give a glimpse of the expansion in this area over the last several years, in 1996-97 we had 58 grants which totaled approximately $75 million. The Department's relentless pursuit of these grant dollars shows no inclination towards decline.

For presentation purposes, I have broken the grants into major program categories. Individual grants have been listed with a brief program description, year and dollar amounts. The worksheet also includes the budget period, grantor and grant type.

The total number of grants and dollar amount by program category is as follows:

Program	# of Grants	Amount
HIV/AIDS	29	62,203,610
Promotion and Prevention	18	5,518,384
Community Health & Safety	18	9,088,702
Maternal Child Health	13	8,114,682
Mental Health	14	10,012,203
Substance Abuse	16	5,298,708
Grand Total	108	100,236,289

The preponderance of these grants are recurring and submitted to the Commission for review as part of our annual budget submission. Those grants that are not included in the budget fall into two categories. Multi-year grants approved too late for budget submission are not included in the budget for the first year. Secondly, grants of a year or less duration remain extraneous to the budget. These grants do go through their own independent review process with the Commission and Board of Supervisors.

Each grant retains its own personality. Each must be administered based on the granting agency's requirements. For example, some require matches, some require in-kind matches, some require that the funds be spent on specific target populations. The list could go on ad infinitem. While these grants maintain their independent character, they are not processed in a vacuum. It should also be noted that, to a large extent, the services provided by these grants are an integral

Attachment A

part of the department's total service delivery system.

Here are the steps that are currently followed for the processing of the grants: authorized departmental employees apply to the various funding agencies for funding. Once the application is approved, we notify both the Commission and the Board of Supervisors who in turn give us the authorization to accept and expend the funding. Based on the original proposal submitted and approved by the funding agency, finance then sets up the budget. Once this has ocurred, the program can begin spending the funding. These expenditures are reviewed by fiscal staff for compliance within the appropriation authority and to assure that the expenditures are within the intent for which the funding was given. During this period, both program and financial status reports are sent to the funding agency as required, sometimes monthly, sometimes quarterly. Usually, based on these reports, we derive our reimbursement for the expenditures. At the close of the period, a final report is furnished to the funding agency. This report is usually audited as part of the Controller's yearly single audit and thus, the cycle is completed.

LD/mg

(Attachment: 6 pages)

Dept. of Public Health-PHP
Grant Listing for Fy 01-02

	Grant Title	Program Description	Amount	Budget Period	Grantor	Grant Type
	HIV/Aids					
1	HIV Vaccine Efficacy Trial	To determine whether immunization with HIV vaccine protects at-risk persons from acquiring HIV infection	237,006	9/30/01-9/29/02	Public Health Foundation Enterprises Inc.	Federal /Private
2	Epidemiologic Research Study	Apply a new testing technology to persons seeking HIV testing at selected testing sites to enhance partner notification services.	830,338	09/30/99-12/31/01	Ctr for Disease Ctl & prev	Federal
3	HIV Related Applied Research (HRAR)	A scientific research project to study the characteristics of the HIV epidemic in the SF area.	136,387	9/30/01-9/29/02	Centers for Disease Ct; & Prev	Federal
4	Forecast HIV Evolution in IVDU's & Other	To develop models of how HIV could evolve in response to public health control measures, as well as to assess the potential transmission of anti-retroviral resistant strains of HIV by sharing needles	208,347	03/01/01-02/28/02	National Institute of Health	Federal
5	HIV Prev Trials Network Leadership	Providing Clinical-trial leadership expertise and liaison expertise to the HIV Vaccine Trials Network Leadership Group.	169,798	9/01/01-8/31/01	Fred Hutchinson Cancer Research - Grant & Contra	Federal/Private
6	Zimbabwe-SF HIV Prev Trials Network	To conduct a study with high-risk HIV uninfected men who have sex with men and provide local oversight and implementation of the protocol for this project.	896,321	7/1/00-6/30/01	University of California	Federal/Private
7	Prospective Eval.of Care Coord. In SF	Longitudinal study of the impact of care coordination services on health care access and health status among a cohort of marginally housed and homeless HIV-infected persons.	138,666	04/01/01-03/31/02	UC Universityside AIDS Research Program	Private
8	HIV Prevention Trials Network (HPTN)	Review & revision of HPTN policies & procedures & evaluation of the performance of the HIV Prevention.	48,779	9/1/00-8/31/01	Family Health International	Federal /Private
9	HIV Prevention Project	AIDS prevention services, including counseling, testing, partner notification, health education, risk reduction, public info., minority initiatives, and evaluation	10,907,138	1/1/01 - 12/31/01	Dept. of Health & Human Services - PHS / CDC & P	Federal
10	State AIDS Drug Assistance	Administration of the AIDS Drug Assistance Program enrollment screening/recertification process provided by the local health jurisdiction and/or its subcontractors.	162,446	7/01/00-6/30/01	Dept. ofHealth Services -Office of AIDS	State
11	HIV Education & Prevention	Peer Education. Provide HIV educational & prevention single session groups, venue-based individual outreach, venue-based group events, extended encounters to MSM, FSM and MSF multi-ethnic youth.	1,737,782	7/1/01-6/30/02	Department of Health Services	State
12	CARE TITLE I	Outpatient services which includes assessment, psychotherapy, clinical case mgmt, peer support and psychiatric medication and monitoring to multiply diagnosed individuals.	35,771,652	3/1/01-2/28/02	Dept. of Health & Human Services-HRSA	Federal
13	HIV Counseling & Testing	Anonymous and Confidential HIV Testing Services	874,000	7/1/01-6/30/02	CA Dept of Health Services	State
14	CARE Title II	Comprehensive AIDS resources and emergency disaster relief.	1,447,223	4/1/01-3/31/02	Dept. of Health Services	Federal/State
15	Early Intervention/Primary Care	Comprehensive physical exam and evaluation, lab tests, minor preventive and therapeutic services and follow-up.	790,000	7/1/01-6/30/02	Dept. of Health Services	State
16	HIV Intervention-Incarcerated Individual	To promote awareness of HIV/STD/TB/Hepatitis risk among recently-released/pre-released inmates.	2,017,469	7/1/01-6/30/02	CA Dept of Health Services	State
17	Technical Assistance & Capacity Dev	Techinical Assistance and capacity development demostration program for HIV/AIDS related services	1,000,000	9/30/01-9/29/02	Dept. of Health & Human Services Office of Minority Health	Federal
18	SF HIV Vaccine Clinical Trials	Planning, implementation, & analysis of Phase I-III trials & lab support; dev of community outreach, conduct Phase I,II,IIB & III HIV vaccine trials in SF; max capacity to enroll high risk	754,360	6/1/01-5/31/02	Public Health Foundation Enterprises Inc.	Federal/Private
19	Enhanced Hepatitis Surveillance Project	Provide surveillance and follow-up for all acute viral hepatitis cases in San Francisco.	216,929	12/30/00-12/29/01	Public Health Foundation Enterprises Inc.	Federal/Private
20	HIV/AIDS Surveillance & Serroprevalence	Provide resources to measure & track AIDS epidemic in S.F. & generate epidemologic data about the nature of the epidemic	2,695,049	01/01/01-12/31/01	Dept. of Health & Human Services	Federal

Dept. of Public Health-PHP

Grant Listing for Fy 01-02

	Grant Title	Program Description	Amount	Budget Period	Grantor	Grant Type
21	State Aids Surveillance Program	Establish and expand active AIDS case surveillance to improve acccurate/timely reports of cases by public/private case providers, and to support local infrastructure needs.	341,000	7/1/01-6/30/02	CA Dept of Health Services	State
22	Strengthening HIV/AIDS/STD Prevention	Conduct an evaluation of the HIV & STD Prevention program decision-making processes in the SF area, with specific attention to behavioral data.	212,834	9/30/01-3/31/02	Ctrs for Disease Ctl & Prev	Federal
23	Survey of Young Men Residing in Low-Income	The survey of low income men will be a single-stage, cluster sample, population based, door-to-door, sectional survey designed to measure the prevalence of HIV, STD, hepatitis & related risk behavior.	65,000	7/1/01-6/30/02	CA Dept of Health Services	State
24	HIV Viral Load Testing I	Provide HIV-1 viral load tests to monitor efficacy of treatment in HIV-infected individuals and to monitor Infection. 3778 tests have been allotted to SF during this fiscal year	390,000	7/1/00-6/30/01	Department of Health Services	State
25	Special Projects of National Significance	To contribute technical/scientific expertise to the design, conduct, analysis, interpretation and presentation of the study and its findings.	7,448	9/29/00-9/30/01	The Regents of the University of California, SF	Federal/Private
26	Strain Diversity & Nonprogressors	Describe and understand risk factors in HIV infection and disease progression among gay/bisexual men.	69,799	7/1/00-6/30/02	Public Health Foundation Enterprises Inc.	Federal/Private
27	Estimating Unmet Need for Primary Care	To assess unmet needs for primary care.	20,000	4/10/01-4/9/02	University of California (NIH)	Federal/Private
28	Connie Wofsy HIV Women's Study	Scientific conduct of the Northern California portion of the National Women's HIV Study.	32,839	12/1/00-11/30/01	University of California	State / Private
29	Viagra Use Among Men Who Have Sex with Men in San Francisco	Project to study the use of Viagra among men who have sex with men in San Francisco	25,000	7/01/01-6/30/02	University of California	State/Private
		Total HIV/AIds	62,203,610			
	Promotion & Prevention					
30	Center for Disease Control Basic Refugee / Medical Interpreter Program	TB/Communicable disease control, health education and counseling services to refugees	176,500	10/01/01-9/30/02	Dept. of Health Services	State
31	Immigrant Public Health	Immigrant public health services and refugee prevention health services.	62,910	10/1/01-9/30/02	Dept. of Health Services	State
32	Health Incentive 314 Fund	Federal Prev Health & Hlth Svcs Block Grant provides annual financial assistance to local public health jurisdictions for public health services that are not funded or receive inadequate funding.	18,029	10/01/01-9/30/02	Department of Health Services	Fed/State
33	BCCP(Breast & Cervical Cancer Program)	Screening diagnostic, and case management services for comprehensive early detection of Breast Cancer	708,100	10/1/01-9/30/02	Calif. Dept. of Health Services	State
34	Immunization Services Grant	Administers an Immunization program against nine vaccine-preventable diseases and perinatal Hepatitis B services.	458,778	07/01/01-06/30/02	CA Dept of Health Svcs	State
35	Integration - Viral Hepatitis Prevention	Grant proposes the development, Implementation, and evaluation of five modules for the integration of hepatitis prevention into existing prevention services, consistent with the CDC recommentations.	126,824	9/20/01-9/29/02	Dept. of Health & Human Services/CDC	Federal
36	Childhood Lead Poisoning Prev. Program(CLPP)- Primary Contract-Case	Identify and manage cases of children with elevated lead levels in blood.	329,015	7/1/01-6/30/02	Dept. of Health Services Childhood Lead Poisoning Branch	State
37	Childhood Lead Poisoning Prev. Program(CLPP) - Medi-cal	Identify and manage cases of children with elevated lead levels in blood.	300,843	7/1/01-6/30/02	Dept. of Health Services Childhood Lead Poisoning Branch	State
38	Child Passenger Safety	Develop and implement a comprehensive child passenger safety program	337,250	10/1/00-1/21/02	Office of Traffic Safety	Federal/State
39	Telehealth for African Americans	To develop telehealth capacity for African Americans living in San Francisco.	51,368	7/01/01-6/30/02	California Health Foundation and Trust	Private
40	Transitions Program	To prepare 5th grader students for multiple transitions they face, helping them develop the confidence, problem solving skills, and foresight to effectively manage the challenges.	35,000	7/1/01-6/30/02	Richard and Rhoda Goldman	Private
41	Violent Injury Prevention Project	To collect all 2001 fatal and nonfatal firearm-related cases and to expand the SF surveillance system to include all forms of violence-related deaths.	69,915	10/1/00-12/31/01	Harvard School of Public Health	Private

41 Violent Injury Prevention Project

Dept. of Public Health-PHP
Grant Listing for Fy 01-02

	Grant Title	Program Description	Amount	Budget Period	Grantor	Grant Type
42	Tobacco Free Project	Provide tobacco education in accordance with the State Comprehensive Tobacco Control Plan Guidelines for Local Lead Agencies.	638,392	07/01/01-06/30/02	DHS-Tobacco Control Section	State
43	SF Pedestrian Safety Program	To reduce injuries and fatalities to pedestrians in SF as a result of a comprehensive pedestrian injury surveillance system and resulting evidence-based comm driven environ prevention strategies	157,107	10/1/01-5/31/02	Office of Traffic Safety	State
44	Youth Power/Comm. Youth Mental Hlth	To create a replicable model for neighborhood and citywide planning conducive to positive youth development, and promote positive mental health and reduce youth violence and substance abuse.	200,000	9/01/01-8/31/02	Dept. of Health & Human Services - Substance Abuse and Mental Health Svcs. Adm.	Federal
45	Traffic & Pedestrian Safety Prog	To reduce motor vehicle and pedestrian fatalities and injuries on a neighborhood-by-neighborhood basis by encouragingcommunity ownership in developing innovative & sustainable traffic safety programs.	798,353	7/1/01-3/31/02	State Office of Traffic Safety	State
46	Children & Youth Domestic Violence Free	To expand domestic violence prevention in SF by working with existing community based service providers.	150,000	7/1/00-6/30/03	CA Dept of Hlth Svcs/Maternal	State
47	Reach 2010 Community Action Plan	To eliminate racial and ethnic disparities in Infant mortality rate	900,000	9/30/01-9/29/02	Centers for Disease Control and Prevention	Federal
		Total Promotion & Prevention	5,518,384			
	Community Health & Safety					
48	Youth United Through Health Education	Evaluate local and statewide community planning of HIV prevention activities, and targeted prevention activities and programs.	10,375	7/1/01-6/30/02	University of California	State/Private
49	Comprehensive STD Prevention	Prevention/Intervention activities in surveillance, investigation, and patient counseling.	1,485,502	1/31/01-12/31/01	CA Dept of Health Services	Federal
50	State - STD Training Grant	STD training to increase the STD/HIV knowledge of health providers and improve their ability to accurately diagnose, treat, and counsel patients for STDs.	123,776	4/1/01-3/31/02	Department of Health Svc	State
51	Eval. Of Screening Males Chlamydia	To screen/treat males for chlamydia infection.	257,053	9/30/00-9/29/02	Department of Health & Human Svc	Federal
52	Post Exposure Prophylaxis (PEP)	DPH City Clinic will provide awareness, education, referal effort as well as enroll, follow and monitor study subjects.	136,387	9/30/01-8/31/02	University of Ca, SF	Federal/Private
53	TB/HIV Prevention	Identify strategies for the control and elimination of TB in San Francisco. Represent a comprehensive, systematic, and inclusive approach to addressing the the spread of TB in San Francisco.	5,175,733	1/01/01-12/31/01	Natl Center for TB Prevention	Federal
54	Tuberculosis Subvention	Outreach and housing services to at-risk populations and the Directly Observed Therapy Program (DOT) for tuberculosis cases.	447,161	7/1/016/30/02	Deparment of Health Services	State
55	Metropolitan Medical Strike Team	Develop a Metropolitan Medical Response System . Initiate aan appropriate health systme response to bioterrorist attack.	47,000	10/01/01-7/31/02	DHHS Program Support Ctr.	Federal
56	Trauma System Evaluation	Develop a Trauma Center outreach program with community hospitals & neighboring trauma centers to develop a regional trauma Quality Assurance Program	59,997	4/1/01-3/31/02	Emergency Medical Services Authority	State
57	PH Preparedness/Response to Bioterrorism	To enhance local preparedness for responding to terrorist threats.	23,210	10/01/01-9/30/02	Department of Health Services (OCHS)	State
58	State Local Oversight Program	Local oversight of cleanup activities at leaking underground storage tank sites.	516,500	7/1/01-6/30/02	State Water Resources Control Board	State
59	Oil Spill Prevention and Response	Continued San Francisco Input into development of SF Bay/San Joaquin Delta Area Contingency Plan for Oil Spills	5,000	1/1/01-12/31/01	Department of Fish and Game	State
60	Health Homes for Healthy Airways	To evaluate the effectiveness and sustainability of in-home environmental education and empowerment interventions that are designed to assist adults and children with asthma.	98,399	11/1/00-10/31/02	U S Environmental Protection Agency	Federal
61	Removing Barriers to Effect Asthma Mgmt	To Improve the quality of asthma management.	362,993	7/1/01-6/30/02	State Dept of Health Svcs	State
62	Dental Education	Dental and nutrition education; dental screening and follow-up services for pre-and elementary school children	29,731	7/1/01-6/30/02	Dept. of Health Services	State

Dept. of Public Health-PHP

Grant Listing for Fy 01-02

	Grant Title	Program Description	Amount	Budget Period	Grantor	Grant Type
63	Direct Access to Housing	Provide comprehensive on-site support services designed to meet the needs of chronically homeless persons with and without disabilities.	207,500	7/1/01-6/30/02	Corporation for Supportive Housing	Private
64	Safe Houses: Home Modification as Self Care	Provide seniors with injury prevention information and support for making home safety modifications to reduce exposure to injuries, especially fali injuries.	102,385	3/1/01-2/28/02	The Regents of the University of California, SF	Federal/Private
		Total Community Health & Safety	9,088,702			
	Maternal Child Health					
65	Healthy Families & Medi-cal Outreach	To provide outreach to increase the enrollment of children in the Healthy Families and Medi-cal for children's program under funds available through the Federal/ State Children's Health Ins. Program (SCHIP)	180,000	7/1/01-12/31/01	State Dept. of Human Services	Fed/State
66	Epiphany Center for Families in Recovery	Provide nutrition services in the form of nutrition education and information and training to the staff and the clients of Epiphany Center for Families in Recovery.	4,200	1/1/01-12/31/01	Epiphany Center for Families in Recovery	Private
67	Family Planning Grant	Family planning and pregnancy testing; medical exams for low-income residents.	192,225	1/1/01-12/31/01	California Family Health Council, Inc.	Federal
68	Black Infant Health Program	Provide outreach and referral services; pediatric care; education and follow-up support to African American pregnant & postpartum women and their infants.	549,398	7/01/01-6/30/02	DHS-MCH Branch	State
69	Maternal and Child Health	Coordination and advocacy for programs and services targeting women and children and review of fetal Infant deaths.	861,688	7/1/01-6/30/02	DHS-MCH Branch	State
70	Child Health Disability Prevention/EPSDT	Children's health and disability prevention services.	3,084,079	7/1/01-6/30/02	DHS-CMS Branch	Federal/State
71	Women Infant and Children (WIC) Nutrition Program	Nutrition, education and supplemental foods to pregnant, lactating or post-partum women and to children under 5 who are receiving on-going medical care	1,811,137	10/01/01-9/30/02	DHS (WIC)	State
72	Teensmart Outreach Program	Specialized outreach and counseling services to adolescents, in collaboration with Maxine Hall Health Center	43,500	7/01/01-6/30/02	Dept of Health Services	State
73	Nutrition Network Project	A project to increase nutrition education and physical activity targeted to California's under-served populations nutrition network project	290,093	10/1/00-9/30/01	Dept of Health Services	State
74	Health Care Prog Children in Foster Care	To provide health care program for children in foster care.	419,825	7/1/00-6/30/01	CA Dept of Hlth Svcs/Children's Medical Svcs	Federal Pass-thr
75	Project Lean - Nutrition Network	To support CA Nutrition Netowork activities and to Implement and evaluate a Community-based Social Mktg plan that will promote healthy eating at the local and regional level.	60,000	10/1/01-9/30/02	CA Dept of Health Services	State
76	Integration of HIV/Aids Prev. Services in Title X Family Planning Grant	To enhance and expand HIV/Aids confidential counseling and testing services in Title X Family Planning Agency	525,000	9/1/01-8/31/04	California Family Health Council, Inc.	Federal/Private
77	Understanding Ethnic/Racial Cultural Differences	To conduct focus groups among African American, Chinese, Filipino And Hispanic Caregivers with children between 1 to 5 years of age	93,537	9/30/01-9/29/02	University of California (NIH)	Federal/Private
		Total Maternal & Child Health	8,114,682			
	Mental Health					
78	Primary Care/MH Integrated Behavioral & Phys	To expand and replicate an integrated community-based treatment approach for primary care patients who are struggling with mental, physical and substance abuse issues in San Francisco	161,700	2/15/01-2/14/02	California Endowment	Private
79	Juv Crime Encorce & Account Challenge II	Develop & implement strategies that provide an effective continuum of responses for the prevention , Intervention, supervision, treatment & incarceration of juvenile offenders.	2,367,692	7/1/99-6/30/02	Mayor's Criminal Justice	State
80	SAMHSA Family Mosaic Project	To improve the system of care services for seriously emotionally disturbed children and severely mentally ill adults; providing for ratification of action previously taken.	514,769	7/1/01-6/30/02	State of California - Dept. of Mental Health	Federal/State
81	Local Law Enforcement Block Grant	A Federal Law Enforcement Grant which conduct assessment and provide pre-treatment services	108,150	10/01/019/30/02	Bureau of Justice Assistance	Federal

	Grant Title	Program Description	Amount	Budget Period	Grantor	Grant Type
82	Schiff Cardenas AB1913 Juvenile Allocation	CMHS-Youth and Family Repeat Offender Prevention Project	145,116	7/1/01-6/30/02	Mayor's Criminal Justice Council	State
83	MH AIDS- Catholic Charities	Peter Claver Community. Provide 24 hour supportive living situation for eight (8) clients with AIDS-related mild to moderate dementia.	164,000	7/1/01-6/30/02	Dept. of Mental Health	State
84	AB2034 Integrated Svcs Program	Fund integrated svcs for seriously mentally-ill and dual/multiply diagnosed adults	1,661,167	10/01/00-09/30/02	State Department of Mental Health	State
85	Pilot Intervention to Improve Medication	Pilot the use of Directly Observed Therapy (DOT) to test the effectiveness of intensive outreach and medication monitoring of medication non-adherent clients.	125,000	7/01/01-6/30/02	Eli Lilly and Company	Private
86	MH HIV -Continuum	Provide licensed adult day health care to persons with HIV/AIDS & serious psychiatric dysfunction to restore/maintain optimal capacity for self care & independent living.	100,000	7/1/01-6/30/02	Dept. of Mental Health	State
87	SB McKinney Homeless PATH	Mental health services for mentally ill who are homeless or at risk of becoming homeless.	169,594	7/1/01-6/30/02	CA Dept of Mental Health Svcs	Federal/State
88	SAMHSA System of Care	To provide integrated services to adults and older adults with a serious mental illness (SMI) and children with a serious emotional disturbance (SED).	2,684,183	7/1/01-6/30/02	State of California-Dept. of Mental Health	Federal/State
89	Expanding Mental Health to Transgenders	To expand Mental Health Services for racial & ethnic minority transgenders in non-mental health settings	400,000	9/30/01-9/29/02	Substance Abuse & Mental Health Svcs. Adm.	Federal
90	Older Adult Partnership Assessment and Care Management Project	To create an innovative collaborative model among the physical health primary care system, the mental health system, providers of dementia care and adult protective services utilizing a residental care facility and peer counseling	985,000	7/01/01-6/30/02	Substance Abuse & Mental Health Svcs. Adm.	Federal/State
91	Infant-Pre-School Family MH Initiative	Delivery of services to children from birth to age five years old and their families	50,000	7/01/01-6/30/02	California Dept. of Mental Health	State
92	Youth Dev. & Crime Prev. Initiative	The project provides a model of coordinated and comprehensive services for youth who are engaged in, or at high risk of, committing juvenile crime.	375,832	7/1/01-6/30/02	7/1/01-6/30/02	State
		Total Mental Health	10,012,203			
	Community Substance Abuse					
93	Bridging the Gap (Lindesmith Ctr)	To support Bridging the Gap: Integrating Traditional Substance Abuse and Harm Reduction Services conference	25,000	12/21/98-06/30/02	The Lindesmith Center/OSI	Federal/Private
94	OCJP Anti-Drug Abuse Enforcement	Anti-drug abatement program which involves arresting adults in the Mission and Tenderloin	43,029	07/01/00-06/30/01	Bureau of Justice Assistance	Federal/State
95	Local Law Enforcement Block Grant	A Federal Law Enforcement Grant which conduct assessment and provide pre-treatment services	277,096	10/01/01-09/30/02	Bureau of Justice Assistance	Federal
96	Comprehensive Drug Court Implementation	A project to assist the SF County Juvenile Drug Court Program, Y-TEC enhance existing services and expand capacity	221,532	12/29/00-12/28/01	Dept of Alcohol & Drug Programs	State
97	Drug Court Partnership Program	Designed to assist persons who are under a Motion to Revoke order for violating conditions of their parole to avoid lengthy prison terms and to resume productive lives.	379,257	07/01/01-06/30/02	Dept of alcohol & Drug Program	State
98	SAMHSA Medically Managed Detox Program	Provide an effective treatment alternative for patients who do not need medical detoxification from alcohol or drugs in a hospital setting.	475,000	09/30/00-09/29/01	Substance Abuse & Mental Health Svcs. Adm.	Federal
99	UCSF Institute of Policy Studies	Evaluation of treatment on demand for substance abuse services	622,157	3/1/00-2/28/01	The Regents of the University of California	Federal/Private
100	CSAT-HIV Action Point	Expansion of methadone maintenance treatment (MMT) and HIV antiretroviral (ARV) medication adherence support for HIV positive individuals	492,317	9/30/01-9/29/02	Substance Abuse & Mental Health Svcs. Adm.	Federal
101	Substance Abuse Comm Planning Process	To support a multiple year community planning process for the development and implementation of a substance abuse treatment on demand system in San Francisco County	60,000	01/01/00-12/31/02	The San Francisco Foundation	Private

Dept. of Public Health-PHP

Grant Listing for Fy 01-02

	Grant Title	Program Description	Amount	Budget Period	Grantor	Grant Typ
102	SF Methadone Maintenance Program	To implement a program of mobile methadone maintenance for active heroin addicts in the city of San Francisco. This will evaluate efficacy, efficiency and acceptability of mobile methadone services	235,000	09/30/00-09/29/01	Substance Abuse & Mental Hlth Svcs. Adm/Ctr. For Substance Abuse	Federal
103	Residential Treatment for Pregnant/PPW	Improve the lives of pregnant and postpartum, substance abusing women, & increasing their chances of having healthy babies/infants,children and a secure, self-fulfilling life for themselves & families	800,000	09/30/00-09/29/01	Substance Abuse & Mental Hlth Svcs. Adm/Ctr. For Substance Abuse	Federal
104	SF Practice Research Collaborative	Develop a comprehensive evaluation plan for substance abuse prevention and treatment services	400,000	09/30/00-09/29/01	Substance Abuse & Mental Hlth Svcs. Adm/Ctr. For Substance Abuse	Federal
105	Impact of TOD on Injection Drug Users	Data management collection, providing access and oversight of CSAS data collection and facilitating access to other departmental and municipal data sets needed for this study	19,048	07/01/00-06/30/01	University of California San Francisco	Private
106	Drug Abuse TOD Impacts in SF	Assist UCSF Research team to evaluate the impact of drug abuse treatment on demand in San Francisco	84,272	01/01/01-12/31/01	Regents of University of California	Federal/Private
107	Demand Treatment City Partner	To implement a social marketing campaign to increase community support for substance abuse treatment in SF. Help in the implementation on Prop 36 by allowing expansion of treatment programs.	60,000	7/1/01-6/30/02	Join Together Organization	Federal/Private
108	Treatment on Demand Service Expansion	To expand and evaluate substance abuse treatment services in San Francisco	1,105,000	8/01/01-7/31/02	Ctr for Substance Abuse/Subs. Abuse & MH Svc. Ad	Federal
		Total Community Substance Abuse	**5,298,708**			
		Grand Total	**100,236,289**			

Roma P. Guy, M.S.W.
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Commissioner

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Commissioner

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HEALTH COMMISSION

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Michele M. Olson
Executive Secretary

TEL: (415) 554-2666
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Web Site: http//www.dph.sf.ca.us
e-mail: health_commission@dph.sf.ca.us

4/02

AGENDA

JOINT CONFERENCE COMMITTEE MEETING FOR POPULATION HEALTH AND PREVENTION

Monday, January 14, 2002
3:00 p.m. – 5:00 p.m.
101 Grove Street, Room #220
San Francisco, CA 94102

01-11-02A11:43 RCVD

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Commissioner Harrison Parker, Sr., D.D.S., Chairperson
Commissioner Edward A. Chow, M.D.
Youth Commissioner, Rolando Bonilla

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF MINUTES FOR DECEMBER 10, 2001**
**Minutes for December 10, 2001*

3) **FOR DISCUSSION:** **SECRETARY'S REPORT**
(Jimmy Loyce, PHP Secretary)
(Description of activities and operations of the Population Health and Prevention Division)

4) **FOR DISCUSSION:** **FISCAL YEAR 2002-03 BUDGET UPDATE**
(Larry Doyle, PHP Chief Financial Officer)
**Update*

5) **FOR DISCUSSION:** **FIRST ANNUAL REPORT: FIREARMS INJURY REPORTING SYSTEM**
(Ginger Smyly, Deputy Director, Community Health Promotion and Prevention
**Report*

6) PUBLIC COMMENTS**

7) ADJOURNMENT

* **Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311.**

** **Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that are within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.**

Disability Access

Room #220, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

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Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

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Vice President

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Harrison Parker, Sr., D.D.S.
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David J. Sánchez, Jr., Ph.D.
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John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

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MINUTES

JOINT CONFERENCE COMMITTEE MEETING FOR POPULATION HEALTH AND PREVENTION

Monday, January 14, 2002
3:00 p.m.
101 Grove Street, Room #220
San Francisco, CA 94102

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1) CALL TO ORDER

The Population Health and Prevention Joint Conference Committee was called to order by Commissioner Harrison Parker at 3:05 p.m.

Present: Commissioner Harrison Parker, Sr., D.D.S., Chairperson
Commissioner Edward A. Chow, M.D.
Youth Commissioner, Rolando Bonilla

Staff: Rob Bannon, Twila Brown, Mildred Crear, Larry Doyle, Dr. Patricia Evans, Dr. Susan Furnyak, Barbara Garcia, Carolyn Klassen, Dr. Jeffrey Klausner, Jimmy Loyce.

2) APPROVAL OF MINUTES FOR DECEMBER 10, 2001

Action Taken: The Committee approved the minutes of the December 10, 2001 Population Health and Prevention Joint Conference Committee.

3) SECRETARY'S REPORT

Jimmy Loyce, PHP Secretary, presented the Secretary's Report.

STD PROGRAM

Increasing Syphilis Rates Challenge Prevention Efforts

Preliminary data for the year 2001 showed a significant increase of syphilis cases in San Francisco, especially in the MSM community. In 2001 there were 186 reported cases compared to 71 cases in 2000. 140 of the 186 cases in 2001 were seen in the MSM's community compared to 47 of the 71 cases in 2000. STD Services continues to work with community partners, sex clubs, adult bookstores and local health departments outside of SF to control the outbreak. Of note, recent cases may be mostly associated with oral sex. While the transmission of syphilis through oral sex is known, and there have been community outbreaks related to syphilis transmission primarily through oral sex, this challenges current HIV and STD prevention efforts that support oral sex as "safer sex."

"Check Him Out" Syphilis Education Campaign

The STD Section launched a campaign to raise awareness of syphilis in the MSM community. Starting in December 2001, outreach workers distributed 5,000 key ring flashlights to SOMA and Castro area bars, bookstores and neighborhood venues with the slogan "Check Him Out". The flashlights are distributed with information on detection and treatment. This is the first part of a larger campaign, which is being coordinated with Los Angeles County, which has also experienced similar increases in syphilis.

MATERNAL AND CHILD HEALTH

Patricia E. Evans, MD, Medical Director of Maternal and Child Health, presented a poster at the American Public Health Association meeting held in Atlanta in October that was entitled "Tool for Establishing Risk Status Among Foster Care Children."

The California Conference of Local Directors of Maternal, Child and Adolescent Health (CCLDMCAH) asked Dr. Evans to Chair the newly formed Oral Health Working Group. This group is charged with developing a strategic plan for the CCLDMCAH and met once and will meet again in January 2002.

The Center to Address Disparities in Children's Oral Health (CAN-DO) conducted its first Executive Committee and Steering Committee meetings on November 14, 2001. Dr. Evans is a member of both of these committees and Principal Investigator of one of the Center's research projects entitled "Cultural Barriers to Oral Health Care in Children."

Dr. Evans is presenting at the upcoming Racial Disparities and Low Birth Weight Conference being held on January 24, 2002 at the Southeast Campus of San Francisco City College.

Liz Rojas-Colville, the Family Planning Director, received $175,000 from Title X HIV Services to be distributed over the next three years, beginning September 1, 2001 through August 30, 2003.

The Title X Family Planning site visit was held November 6-8, 2001. There were no major findings noted as a result of the site visit. The clinics that participated included Maxine Hall Health Center, Balboa Teen Clinic, Cole Street Youth Center and Silver Avenue Clinic. The site visitors were very impressed with overall organization of the program, as well as with the clinical staff at the various sites.

Commissioners' Comments

- Commissioner Parker is concerned about the increased syphilis rates, and asked what can be done to reduce the incidence and reverse the trend. He said the Department and the Commission has its work cut out for it.

- Commissioner Chow asked about preparation for the Title X Family Planning site visit, which was held November 6-8, 2001. Dr. Patricia Evans said that the site visitors were impressed with some of the forms that are used by the program—particularly around adolescent services—and took some to use as models. Mildred Crear commended Liz Rojas-Colville for her work in preparing for the visit. Commissioner Chow also asked how the Department plans to address the fact that recent cases of syphilis are mostly associated with oral sex. Dr. Jeff Klausner responded that these new outbreaks challenge current HIV and STD prevention efforts that support oral sex as "safer sex". Commissioner Chow asked for a follow-up report about how the Department is addressing this issue to be included in the Secretary's Report in three months.

4) FISCAL YEAR 2002-03 BUDGET UPDATE

Larry Doyle, PHP Chief Financial Officer, presented the FY 2002-2003 budget update. Mr. Doyle said that in an effort to balance the budget, all departments were asked to assume their current level of general fund support. Departments were asked to absorb all agreed upon MOU increases and benefits, which are approximately 5 ½ percent of the Department's salary and fringe benefits base. The target reduction for the programs under the purview of the PHP Joint Conference Committee is $1,879,000. Mr. Doyle said they anticipate increasing revenue by $616,000, and the balance of $1,263,000 would come from expenditure reductions. Reductions will be proposed in the following areas:

- Elimination of vacant administrative positions
- Reduction to contract programs due to underutilization and/or underperformance
- Reduction to operating expenses
- Elimination of non-essential vacant positions
- Reduction or elimination of one-time add backs by the Board of Supervisors.

Mr. Doyle said that in addition to having to absorb salary and benefit increases and operate within the current general fund allocation, the Department has been instructed to propose and prioritize additional reductions totaling 10 percent of the Department's general fund. For PHP this would mean a further reduction of $10.5 million. The Department is evaluating all of its programs to determine how it will meet this target.

Commissioners' Comments

- Mr. Bonilla asked if the Department would have to cut its workforce. Mr. Doyle responded that currently the Department has a freeze so that if positions do need to be cut, they will probably be vacant. Mr. Doyle added that the Mayor has consistently stated that there be no layoffs.

- Commissioner Chow asked for an assessment of the impact of the budget proposals. Barbara Garcia replied that she has made a commitment to look at the smaller sections that would not

be able to survive a 10 percent cut. She is hoping to be able to take revenue from other, larger areas to help out. For example, they will be taking revenues from Mental Health to offset some of the cuts in the smaller programs. Ms. Garcia emphasized, however, that additional revenue would not solve the problem.

- Commissioner Parker asked what impact the cuts will have on the quality and quantity of services. Mr. Doyle responded that, with regards to the steps taken to balance the base budget, the Department can take these cuts and still be able to move the service delivery system forward. That said, the program managers may still find these cuts painful. Commissioner Parker wants the Department to be clear to the public what the service level impacts will be, and what adjustments will be made, for both the 5 ½ percent cut and the 10 percent cut.

5) FIRST ANNUAL REPORT: FIREARMS INJURY REPORTING SYSTEM

Ginger Smyly, Deputy Director, Community Health Promotion and Prevention presented the introduction to the First Annual Firearms Injury Reporting System report. Ms. Smyly discussed some of the challenges inherent in presenting this kind of data, including how the data is interpreted for both policy makers and the community.

Carolyn Klassen and Mary Vasser continued the presentation and discussed the data sources used for the report, why the Department is involved in injury surveillance and the major findings that emerged from the report. They presented findings for the causes of firearm deaths, firearm fatality rates, victim-suspect relationship, presence of drugs and/or alcohol among homicide victims and other findings. They also presented maps that showed the location of firearm-related injuries in San Francisco by intent. Ms. Klassen said that the next steps for the project are:

- Finish compiling feedback from the Task Force members
- Meeting of the Task Force to discuss data collection, policy, planning and research issues
- Translate the report findings to a format that will be useful for community-based practitioners and prevention efforts
- Expand data collection to include all violent injuries and death

Ms. Garcia said that various themes emerge from the data: incidents involve drugs and alcohol; are close to home; and involve acquaintances of the victim. Ms. Smyly added that another key finding is that the victims have criminal histories in San Francisco.

Commissioners' Comments

- Mr. Bonilla asked which age group is most affected by firearm-related injuries. Ms. Klassen replied that the 20-24 year old age group has the highest rates of firearm-related injuries. The 25-35 year old age group had more occurrences, but the rates were not as high. Mr. Bonilla asked what could be done to prevent these types of injuries. Ms. Vasser said that she has met with Chris Wachsmuth, director of the Emergency Department at San Francisco General Hospital, because the hospital provides a short window of opportunity to get these people connected to recidivism programs. Mr. Bonilla asked how people who have not yet offended or become victims get connected to programs. Ms. Smyly said that they want to augment existing youth development movements, and work with the Department of Children, Youth and Their Families, the school districts and community agencies.

- Commissioner Chow noted that the data has implications for DPH programs, particularly the Emergency Department discharge. Commissioner Chow suggested that the data be presented to the African American Health Initiative. Ms. Smyly said that this has already been done, and they would now like to present the report to all department managers who can then see how their areas can address and/or use the data. Commissioner Chow said that at some point, this report should be presented to the Health Commission. Ms. Smyly said that it could be incorporated into the annual prevention report.

6) PUBLIC COMMENTS

None.

7) ADJOURNMENT

The meeting was adjourned at 4:55 p.m.

Michele M. Olson
Executive Secretary to the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Arthur M. Jackson
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

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PUBLIC NOTICE

JOINT CONFERENCE COMMITTEE FOR POPULATION HEALTH AND PREVENTION COMMITTEE MEETING

The Joint Conference Committee for Population Health and Prevention meeting scheduled for Monday, February 11, 2002, has been re-scheduled for:

Tuesday, February 26, 2002
9:30 to 11:30 a.m.
25 Van Ness, Suite #500
San Francisco, CA 94102

Please also note that starting on this date the JCC-PHP meetings will be held on the fourth Tuesdays of the month (instead of second Mondays) at the location and time stated above.

For information call the Health Commission Office at 554-2666

Posted February 6, 2002

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Arthur M. Jackson
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

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AGENDA

JOINT CONFERENCE COMMITTEE MEETING FOR POPULATION HEALTH AND PREVENTION

Tuesday, February 26, 2002
9:30 p.m. – 11:30 p.m.
AIDS PROGRAMS OFFICE
25 Van Ness, Suite #500*
San Francisco, CA 94102

02-26-02A11:R6 RCVD

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**PLEASE NOTE NEW LOCATION AND TIME*

Commissioner Harrison Parker, Sr., D.D.S., Chair
Commissioner Roma P. Guy, MSW
Youth Commissioner, Rolando Bonilla

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF MINUTES FOR JANUARY 14, 2002**
**Minutes for January 14, 2002*

3) **FOR DISCUSSION:** **SECRETARY'S REPORT**
(Jimmy Loyce, PHP Secretary)
(Description of activities and operations of the Population Health and Prevention Division)

4) **FOR DISCUSSION:** **FISCAL YEAR 2001-2002 SECOND QUARTER FINANCIAL REPORT**
(Larry Doyle, PHP Chief Financial Officer)
**Report*

5) FOR DISCUSSION: HARM REDUCTION POLICY IMPLEMENTATION UPDATE
(Rob Bannon, Health Planner, Community Programs)
**Update*

6) PUBLIC COMMENTS**

7) ADJOURNMENT

* **Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311.**

** **Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that are within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.**

Disability Access

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Edward A. Chow, M.D.
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Harrison Parker, Sr., D.D.S.
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David J. Sánchez, Jr., Ph.D.
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John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

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MINUTES

JOINT CONFERENCE COMMITTEE MEETING FOR POPULATION HEALTH AND PREVENTION

Tuesday, February 26, 2002
9:30 p.m.
AIDS PROGRAMS OFFICE
25 Van Ness, Suite #500
San Francisco, CA 94102

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1) CALL TO ORDER

The meeting of the Population Health and Prevention Committee was called to order by Commissioner Harrison Parker at 9:40 a.m.

Present: Commissioner Harrison Parker, Sr., D.D.S., Chair
Commissioner Roma P. Guy, MSW

Absent: Youth Commissioner, Rolando Bonilla

Staff: Rob Bannon, Rajiv Bhatia, Twila Brown, Maria Iyog-O'Malley, Michelle Long Dixon, Larry Doyle, James Loyce, Wendy Wolfe.

2) APPROVAL OF MINUTES FOR JANUARY 14, 2002

Action Taken: The Committee approved the minutes of the January 14, 2002 Population Health and Prevention Committee meeting.

3) SECRETARY'S REPORT

Jimmy Loyce, PHP Secretary, presented the Secretary's Report.

AIDS OFFICE RYAN WHITE AWARD

The AIDS Office has received its Ryan White Title I and Supplemental Award letter from HRSA. The award is in the amount of $33,561,470, which is approximately $2.2 million less than last year's award. The Title I Formula Award is for $17,261,828 and the Supplemental Award is for $16,299,642.

Within the Supplemental Award is a $508,610 set aside for the Congressional Black Caucus/Minority AIDS Initiative, an increase of $35,831 over last year.

Included in the Formula Award reduction is $545,110, a 3% cut as called for in the re-authorized CARE Act. The Supplemental Award reduction is $1,665,071.

PHP will be working with the HIV Planning Council to determine how these cuts will be implemented in the contractual/programmatic budget.

STD ADVERTISING CAMPAIGN

In December, the San Francisco STD Program contracted with Better World Advertising (BWA) to develop an STD advertising campaign, with an emphasis on syphilis, targeted toward Men who have Sex with Men (MSM). The slogan developed for the campaign was "Check Him Out" pocket-sized cards were developed, which included information about the increase in syphilis in San Francisco as well as syphilis symptoms, diagnosis, treatment and prevention. The cards were packaged with a small neon colored flashlight and were distributed to MSM in bars, sex clubs, bookstores and other high-risk venues. PHP will be continuing to work with BWA in 2002 to develop other targeted ad campaigns.

In January 2002 the STD Program reported 30 cases of early syphilis (three primary cases, 18 secondary cases and nine early latent cases). In January 2001 the Program reported seven cases of early syphilis (three primary cases, two secondary cases and two early latent cases). This is an increase of over 300 percent.

EVALUATION OF GONORRHEA AND CHLAMYDIA TESTING METHODS

In February, the STD Program began evaluating three methods of gonorrhea and chlamydia testing. City Clinic will recruit 400 women to participate in the study, which will compare the results of self-collected vaginal swab specimens, urine testing and vaginal swab testing performed by a clinician. The evaluation satisfies Clinical Laboratory Improvement Amendments (CLIA) regulations and if the vaginal swab specimens perform as well as urine specimens, the STD Program may use self-collected vaginal swab specimen collection in certain settings. Women agreeing to participant in the study will receive a $10 Safeway food coupon.

GONORRHEA AND CHLAMYDIA TESTING IN SAN FRANCISCO HIGH SCHOOLS

In response to the over 300% increase in early syphilis cases in San Francisco last month, City Clinic staff began meeting with the San Francisco Unified School District to develop protocols and implement on-campus urine gonorrhea and chlamydia testing during 2002 for sexually active high school students. A special campaign will be developed and advertised among this population with special emphasis during April, which is National STD Awareness month.

With regard to the reduction in the CARE funds, Mr. Loyce said that the planning council met last night and had a lengthy discussion and debate about reduction scenarios, but did not make a decision. The council will meet later in the week. The fiscal year begins on Friday March 1, and a decision is required by then.

Commissioners' Comments

- Commissioner Parker asked if the final Ryan White CARE allotment has been set in stone. Mr. Loyce said that the amount is official, and it is $2.2 million less than last year. Commissioner Parker asked for clarification as to how Supervisor Chris Daly is trying to help. Mr. Loyce responded that he is asking the City Attorney to file a public records request with the Department of Health and Human Services to obtain the information used in making the funding decisions. In addition, he is asking for a $550,000 supplemental appropriation from the General Fund. Commissioner Parker asked if the special STD campaign targeting high schools was developed as a result of increased STD in this age group. Ms. Wolfe responded that they are not seeing an increase in STDs among youth. However, there is a campaign educating high school youth every year.

4) FISCAL YEAR 2001-2002 SECOND QUARTER FINANCIAL REPORT

Larry Doyle, PHP Chief Financial Officer, presented the 2nd Quarter Financial Report (Attachment A).

Commissioners' Comments

- Commissioner Guy stated that the budget cuts are painful, particularly during a recession and in the aftermath of September 11. The Department keeps getting bad news from the federal government—Ryan White reduction, delay in terrorism funding, etc. The national government is not there for us. Commissioner Guy said that it is difficult to make the impact of cuts in prevention tangible. It is much easier to know the impact of the reduction of 10 beds at SFGH, as an example. She said that she and Commissioner Parker, as members of this committee, want to help convey the very real impact cuts to prevention have on the service delivery system.

- Commissioner Parker said that overall the Department's budget did increase, which is a positive sign. However, the staff cost of living adjustments should have been funded through the General Fund.

5) HARM REDUCTION POLICY IMPLEMENTATION UPDATE

Rob Bannon, Health Planner, Community Programs, presented an update on the implementation of the Harm Reduction Policy. In September 2000, the Health Commission adopted a resolution supporting harm reduction treatment options. Since that time, Community Programs has been developing a policy and guidelines to implement the will of the Commission. An oversight committee was convened in 2001 and developed a draft policy, which includes a definition, purpose of policy and policy statements. There are two different segments of the policy statements: provision of services; and access to services. The draft policy will be reviewed by the Community Programs Management Team, the Director's Cabinet, program analysts, managers and monitors, the Integration Task Force and other committees. The policy will be presented to the Health Commission in July 2002.

Commissioners' Comments

- Commissioner Parker said that this is a much-needed project. It is important that the policy be in writing and uniform, and that everyone be held to the same standard.

- Commissioner Guy said the area of greatest concern to her is the institutions. The harm reduction philosophy comes from community programs and is a challenge to large institutions. She said that institutional staff needs to be respected, and that there be boundaries of respect from the client. She stated that the MHRF needs to be involved in the oversight committee, as well as Laguna Honda Hospital and San Francisco General Hospital. She also asked staff to emphasize healthy behavior in the definition of harm reduction.

6) **PUBLIC COMMENTS**

None.

7) **ADJOURNMENT**

The meeting was adjourned at 11:00 a.m.

Michele M. Olson
Executive Secretary to the Health Commission

Attachment (1)

City and County of San Francisco

Department of Public Health
POPULATION HEALTH AND PREVENTION
FISCAL OFFICE
101 Grove Street
San Francisco, CA 94102

Date: February 20, 2002

Memo to: Joint Conference Committee
Population Health and Prevention

From: Larry Doyle

Re: Chief Financial Officer's Report

Recently, the department submitted its Fiscal Year 2001-2002 6-month surplus projections of $26.1 million to the full Commission. Of that amount, approximately $1.3 million is germane to the programs reviewed by this Joint Conference.

For the Population Health and Prevention units, I have recapped the revenue and expenditure detail as follows:

	Revenues	Expenditures	Total
Central Administration	817,000	(47,000)	770,000
CHS Administration	-0-	(322,000)	(322,000)
Environmental Health	-0-	489,000	489,000
AIDS	-0-	498,000	498,000
Disease Control	-0-	(123,000)	(123,000)
Health Education	-0-	81,000	81,000
Emergency Services	-0-	(117,000)	(117,000)
Total	$817,000	$465,000	$1,282,000

The increase in revenue of $817,000 in Central Administration is attributable to additional realignment revenues received. These one-time prior year funds are the result of a change in the State's allocation methodology. All other revenues look to be on target.

A review of the units not achieving their expenditure budgets reveal two major causes, either they are not achieving their salary savings or their work orders are over expended. In Central Administration, we anticipate City Attorney costs to exceed the amount budgeted by $286,000. In CHS Administration, we anticipate additional costs for worker's compensation in the amount of $37,000 and labor relations $75,000. The negative expenditures in Disease Control and Emergency Services are directly related to services required in the aftermath of September 11.

We will continue to closely monitor all units of Population Health and Prevention to assure that our total budget remains positive. The outlook for our year-end closing continues to look extremely good in all areas of the Department.

Department of Public Health - PHP Programs

STATEMENT OF REVENUE AND EXPENSES

December 31, 2001

(In Thousands of Dollars)

	YEAR TO DATE					ANNUAL				
	Projection	Budget	Fav/(Unfav) Variance	% Var		Projection	Budget	Fav/(Unfav) Variance	% Var	
					NET PATIENT SERVICE REVENUE:					
1	534	474	60	12.70%	Medi-Cal Revenue	947	947	0	n/a	1
2	134	1	133	26641.20%	Medicare Revenue	1	1	0	n/a	2
3	930	28	903	3282.47%	Other Patient Revenue	55	55	0	n/a	3
4	0	0	0	n/a	Provision for Bad debt	0	0	0	n/a	4
5	1,598	502	1,096	218.51%	TOTAL NET PATIENT SERVICE REVENUE	1,003	1,003	0	n/a	5
6										6
7					OTHER OPERATING REVENUE:					7
8	0	0	0	n/a	Short Doyle (Community Mental Health Service)	0	0	0	n/a	8
9	0	0	0	n/a	Short Doyle M/Cal	0	0	0	n/a	9
10	346	442	(96)	-21.76%	MAA/TCM	884	884	0	n/a	10
11	0	0	0	n/a	SB855	0	0	0	n/a	11
12	0	0	0	n/a	SB1255	0	0	0	n/a	12
13	0	0	0	n/a	GME	0	0	0	n/a	13
14	0	0	0	n/a	Capitation/Managed Care Settlement	0	0	0	n/a	14
15	0	0	0	n/a	State Alcohol	0	0	0	n/a	15
16	0	0	0	n/a	Proposition 36	0	0	0	n/a	16
17	12,712	12,431	281	2.26%	State Realignment	25,678	24,862	817	3.29%	17
18	476	1,055	(580)	-54.92%	Prop 99 AB75	2,111	2,111	0	n/a	18
19	7	0	7	n/a	Other State (CCS and State Mandated Cost)	0	0	0	n/a	19
20	2,181	5,141	(2,961)	-57.58%	Fees/Cafeteria/Misc (includes lease income)	10,283	10,283	0	n/a	20
21	96	1,216	(1,121)	-92.13%	Workorder Recovery	2,433	2,433	0	n/a	21
22	0	0	0	n/a	Transfer In and Project Related	0	0	0	n/a	22
23	2,052	2,052	0	n/a	Carryforward	4,104	4,104	0	n/a	23
24	17,869	22,338	(4,469)	-20.01%	TOTAL OTHER OPERATING REVENUE	45,493	44,676	817	1.83%	24
25										25
26	19,467	22,840	(3,373)	-14.77%	TOTAL OPERATING REVENUE	46,497	45,680	817	1.79%	26
27										27
28					OPERATING EXPENSES:					28
29	13,170	14,541	1,370	9.42%	Personnel Services	28,516	29,081	565	1.94%	29
30	3,016	3,376	360	10.65%	Mandatory Fringe Benefits	6,454	6,752	298	4.41%	30
31	15,565	12,897	(2,667)	-20.68%	Non-personal Services	25,795	25,795	0	n/a	31
32	1,251	1,429	178	12.47%	Materials and Supplies	2,858	2,858	0	n/a	32
33	13	162	149	92.16%	Facilities Maint. & Capital Outlay	323	323	0	n/a	33
34	5,454	2,910	(2,545)	-87.46%	Services of Other Departments (workorders)	6,217	5,819	(398)	-6.84%	34
35	0	0	0	n/a	Operating Transfer Out	0	0	0	n/a	35
36	0	0	0	n/a	Intrafund Transfer	0	0	0	n/a	36
37	0	0	0	n/a	Projects	0	0	0	n/a	37
38	38,469	35,314	(3,155)	-8.93%	TOTAL OPERATING EXPENSES	70,163	70,628	465	0.66%	38
39										39
40	(19,002)	(12,474)	(6,528)	52.33%	OPERATING INCOME/(LOSS)	(23,666)	(24,948)	1,282	-5.14%	40
41										41
42					NON-OPERATING REVENUE:					42
43	12,474	12,474	0	n/a	General Fund	24,948	24,948	0	n/a	43
44	12,474	12,474	0	n/a	TOTAL NON-OPERATING REVENUE	24,948	24,948	0	n/a	44
45										45
46	(6,528)	0	(6,528)	######	NET INCOME/(LOSS)	1,282	0	1,282	#####	46

Department of Public Health - Central Admin

STATEMENT OF REVENUE AND EXPENSES

December 31, 2001

(In Thousands of Dollars)

	YEAR TO DATE					ANNUAL				
	Projection	Budget	Fav/(Unfav) Variance	% Var		Projection	Budget	Fav/(Unfav) Variance	% Var	
					NET PATIENT SERVICE REVENUE:					
1	0	0	0	n/a	Medi-Cal Revenue	0	0	0	n/a	1
2	0	0	0	n/a	Medicare Revenue	0	0	0	n/a	2
3	0	0	0	n/a	Other Patient Revenue	0	0	0	n/a	3
4	0	0	0	n/a	Provision for Bad debt	0	0	0	n/a	4
5	0	0	0	n/a	TOTAL NET PATIENT SERVICE REVENUE	0	0	0	n/a	5
6										6
7					OTHER OPERATING REVENUE:					7
8	0	0	0	n/a	Short Doyle (Community Mental Health Service)	0	0	0	n/a	8
9	0	0	0	n/a	Short Doyle M/Cal	0	0	0	n/a	9
10	248	328	(80)	-24.37%	MAA/TCM	655	655	0	n/a	10
11	0	0	0	n/a	SB855	0	0	0	n/a	11
12	0	0	0	n/a	SB1255	0	0	0	n/a	12
13	0	0	0	n/a	GME	0	0	0	n/a	13
14	0	0	0	n/a	Capitation/Managed Care Settlement	0	0	0	n/a	14
15	0	0	0	n/a	State Alcohol	0	0	0	n/a	15
16	0	0	0	n/a	Proposition 36	0	0	0	n/a	16
17	3,339	3,265	74	2.26%	State Realignment	7,348	6,531	817	12.51%	17
18	0	0	0	n/a	Prop 99 AB75	0	0	0	n/a	18
19	0	0	0	n/a	Other State (CCS and State Mandated Cost)	0	0	0	n/a	19
20	28	19	8	41.89%	Fees/Cafeteria/Misc (includes lease income)	39	39	0	n/a	20
21	0	167	(167)	-100.00%	Workorder Recovery	335	335	0	n/a	21
22	0	0	0	n/a	Transfer In and Project Related	0	0	0	n/a	22
23	627	627	0	n/a	Carryforward	1,253	1,253	0	n/a	23
24	4,241	4,406	(165)	-3.75%	TOTAL OTHER OPERATING REVENUE	9,630	8,813	817	9.27%	24
25										25
26	4,241	4,406	(165)	-3.75%	TOTAL OPERATING REVENUE	9,630	8,813	817	9.27%	26
27										27
28					OPERATING EXPENSES:					28
29	2,920	3,191	271	8.49%	Personnel Services	6,253	6,382	129	2.02%	29
30	628	714	86	11.98%	Mandatory Fringe Benefits	1,318	1,427	110	7.68%	30
31	6,571	4,893	(1,678)	-34.30%	Non-personal Services	9,786	9,786	0	n/a	31
32	353	283	(70)	-24.71%	Materials and Supplies	566	566	0	n/a	32
33	0	85	85	100.00%	Facilities Maint. & Capital Outlay	170	170	0	n/a	33
34	1,724	904	(819)	-90.58%	Services of Other Departments (workorders)	2,095	1,809	(286)	-15.81%	34
35	0	0	0	n/a	Operating Transfer Out	0	0	0	n/a	35
36	0	0	0	n/a	Intrafund Transfer	0	0	0	n/a	36
37	0	0	0	n/a	Projects	0	0	0	n/a	37
38	12,196	10,070	(2,126)	-21.11%	TOTAL OPERATING EXPENSES	20,186	20,139	(47)	-0.23%	38
39										39
40	(7,954)	(5,663)	(2,291)	40.46%	OPERATING INCOME/(LOSS)	(10,557)	(11,326)	770	-6.80%	40
41										41
42					NON-OPERATING REVENUE:					42
43	5,663	5,663	0	n/a	General Fund	11,326	11,326	0	n/a	43
44	5,663	5,663	0	n/a	TOTAL NON-OPERATING REVENUE	11,326	11,326	0	n/a	44
45										45
46	(2,291)	(0)	(2,291)	######	NET INCOME/(LOSS)	770	(0)	770	#####	46

Department of Public Health - CHS ADMIN

STATEMENT OF REVENUE AND EXPENSES

December 31, 2001

(In Thousands of Dollars)

	YEAR TO DATE					ANNUAL				
	Projection	Budget	Fav/(Unfav) Variance	% Var		Projection	Budget	Fav/(Unfav) Variance	% Var	
					NET PATIENT SERVICE REVENUE:					
1	0	0	0	n/a	Medi-Cal Revenue	0	0	0	n/a	1
2	0	0	0	n/a	Medicare Revenue	0	0	0	n/a	2
3	0	0	0	n/a	Other Patient Revenue	0	0	0	n/a	3
4	0	0	0	n/a	Provision for Bad debt	0	0	0	n/a	4
5	0	0	0	n/a	TOTAL NET PATIENT SERVICE REVENUE	0	0	0	n/a	5
6										6
7					OTHER OPERATING REVENUE:					7
8	0	0	0	n/a	Short Doyle (Community Mental Health Service)	0	0	0	n/a	8
9	0	0	0	n/a	Short Doyle M/Cal	0	0	0	n/a	9
10	47	34	13	38.73%	MAA/TCM	68	68	0	n/a	10
11	0	0	0	n/a	SB855	0	0	0	n/a	11
12	0	0	0	n/a	SB1255	0	0	0	n/a	12
13	0	0	0	n/a	GME	0	0	0	n/a	13
14	0	0	0	n/a	Capitation/Managed Care Settlement	0	0	0	n/a	14
15	0	0	0	n/a	State Alcohol	0	0	0	n/a	15
16	0	0	0	n/a	Proposition 36	0	0	0	n/a	16
17	9,373	9,165	208	2.26%	State Realignment	18,331	18,331	0	n/a	17
18	476	1,055	(580)	-54.92%	Prop 99 AB75	2,111	2,111	0	n/a	18
19	7	0	7	n/a	Other State (CCS and State Mandated Cost)	0	0	0	n/a	19
20	54	498	(444)	-89.06%	Fees/Cafeteria/Misc (includes lease income)	996	996	0	n/a	20
21	0	120	(120)	-100.00%	Workorder Recovery	240	240	0	n/a	21
22	0	0	0	n/a	Transfer In and Project Related	0	0	0	n/a	22
23	852	852	0	n/a	Carryforward	1,704	1,704	0	n/a	23
24	10,809	11,725	(916)	-7.81%	TOTAL OTHER OPERATING REVENUE	23,450	23,450	0	n/a	24
25										25
26	10,809	11,725	(916)	-7.81%	TOTAL OPERATING REVENUE	23,450	23,450	0	n/a	26
27										27
28					OPERATING EXPENSES:					28
29	2,397	2,457	60	2.44%	Personnel Services	5,125	4,913	(211)	-4.30%	29
30	551	595	44	7.41%	Mandatory Fringe Benefits	1,190	1,191	1	0.10%	30
31	2,207	2,814	608	21.59%	Non-personal Services	5,629	5,629	0	n/a	31
32	95	100	5	5.11%	Materials and Supplies	201	201	0	n/a	32
33	0	13	13	100.00%	Facilities Maint. & Capital Outlay	25	25	0	n/a	33
34	1,891	983	(907)	-92.26%	Services of Other Departments (workorders)	2,079	1,967	(112)	-5.70%	34
35	0	0	0	n/a	Operating Transfer Out	0	0	0	n/a	35
36	0	0	0	n/a	Intrafund Transfer	0	0	0	n/a	36
37	0	0	0	n/a	Projects	0	0	0	n/a	37
38	7,140	6,962	(178)	-2.55%	TOTAL OPERATING EXPENSES	14,247	13,925	(322)	-2.31%	38
39										39
40	3,669	4,763	(1,094)	-22.97%	OPERATING INCOME/(LOSS)	9,203	9,525	(322)	-3.38%	40
41										41
42					NON-OPERATING REVENUE:					42
43	(4,763)	(4,763)	0	n/a	General Fund	(9,525)	(9,525)	0	n/a	43
44	(4,763)	(4,763)	0	n/a	TOTAL NON-OPERATING REVENUE	(9,525)	(9,525)	0	n/a	44
45										45
46	(1,094)	0	(1,094)	n/a	NET INCOME/(LOSS)	(322)	0	(322)	n/a	46

Department of Public Health - BEHM

STATEMENT OF REVENUE AND EXPENSES

December 31, 2001

(In Thousands of Dollars)

	YEAR TO DATE					ANNUAL				
	Projection	Budget	Fav/(Unfav) Variance	% Var		Projection	Budget	Fav/(Unfav) Variance	% Var	
					NET PATIENT SERVICE REVENUE:					
1	0	0	0	n/a	Medi-Cal Revenue	0	0	0	n/a	1
2	0	0	0	n/a	Medicare Revenue	0	0	0	n/a	2
3	0	0	0	n/a	Other Patient Revenue	0	0	0	n/a	3
4	0	0	0	n/a	Provision for Bad debt	0	0	0	n/a	4
5	0	0	0	n/a	TOTAL NET PATIENT SERVICE REVENUE	0	0	0	n/a	5
6										6
7					OTHER OPERATING REVENUE:					7
8	0	0	0	n/a	Short Doyle (Community Mental Health Service)	0	0	0	n/a	8
9	0	0	0	n/a	Short Doyle M/Cal	0	0	0	n/a	9
10	0	0	0	n/a	MAA/TCM	0	0	0	n/a	10
11	0	0	0	n/a	SB855	0	0	0	n/a	11
12	0	0	0	n/a	SB1255	0	0	0	n/a	12
13	0	0	0	n/a	GME	0	0	0	n/a	13
14	0	0	0	n/a	Capitation/Managed Care Settlement	0	0	0	n/a	14
15	0	0	0	n/a	State Alcohol	0	0	0	n/a	15
16	0	0	0	n/a	Proposition 36	0	0	0	n/a	16
17	0	0	0	n/a	State Realignment	0	0	0	n/a	17
18	0	0	0	n/a	Prop 99 AB75	0	0	0	n/a	18
19	0	0	0	n/a	Other State (CCS and State Mandated Cost)	0	0	0	n/a	19
20	2,446	3,494	(1,048)	-29.99%	Fees/Cafeteria/Misc (includes lease income)	6,989	6,989	0	n/a	20
21	96	730	(635)	-86.90%	Workorder Recovery	1,461	1,461	0	n/a	21
22	0	0	0	n/a	Transfer In and Project Related	0	0	0	n/a	22
23	28	28	0	n/a	Carryforward	57	57	0	n/a	23
24	2,571	4,253	(1,683)	-39.56%	TOTAL OTHER OPERATING REVENUE	8,507	8,507	0	n/a	24
25										25
26	2,571	4,253	(1,683)	-39.56%	TOTAL OPERATING REVENUE	8,507	8,507	0	n/a	26
27										27
28					OPERATING EXPENSES:					28
29	3,079	3,428	349	10.19%	Personnel Services	6,547	6,857	310	4.52%	29
30	708	753	45	5.95%	Mandatory Fringe Benefits	1,470	1,506	35	2.35%	30
31	850	688	(161)	-23.46%	Non-personal Services	1,376	1,376	0	n/a	31
32	78	115	36	31.75%	Materials and Supplies	229	229	0	n/a	32
33	0	0	0	n/a	Facilities Maint. & Capital Outlay	0	0	0	n/a	33
34	432	228	(204)	-89.72%	Services of Other Departments (workorders)	456	456	0	n/a	34
35	0	0	0	n/a	Operating Transfer Out	0	0	0	n/a	35
36	0	0	0	n/a	Intrafund Transfer	0	0	0	n/a	36
37	0	0	0	n/a	Projects	0	0	0	n/a	37
38	5,147	5,212	65	1.24%	TOTAL OPERATING EXPENSES	10,079	10,424	345	3.31%	38
39										39
40	(2,577)	(958)	(1,618)	168.82%	OPERATING INCOME/(LOSS)	(1,572)	(1,917)	345	-18.00%	40
41										41
42					NON-OPERATING REVENUE:					42
43	958	958	0	n/a	General Fund	1,917	1,917	0	n/a	43
44	958	958	0	n/a	TOTAL NON-OPERATING REVENUE	1,917	1,917	0	n/a	44
45										45
46	(1,618)	0	(1,618)	######	NET INCOME/(LOSS)	345	0	345	######	46

Department of Public Health - OSH

STATEMENT OF REVENUE AND EXPENSES

December 31, 2001

(In Thousands of Dollars)

	YEAR TO DATE					ANNUAL				
	Projection	Budget	Fav/(Unfav) Variance	% Var		Projection	Budget	Fav/(Unfav) Variance	% Var	
					NET PATIENT SERVICE REVENUE:					
1	0	0	0	n/a	Medi-Cal Revenue	0	0	0	n/a	1
2	0	0	0	n/a	Medicare Revenue	0	0	0	n/a	2
3	0	0	0	n/a	Other Patient Revenue	0	0	0	n/a	3
4	0	0	0	n/a	Provision for Bad debt	0	0	0	n/a	4
5	0	0	0	n/a	TOTAL NET PATIENT SERVICE REVENUE	0	0	0	n/a	5
6										6
7					OTHER OPERATING REVENUE:					7
8	0	0	0	n/a	Short Doyle (Community Mental Health Service)	0	0	0	n/a	8
9	0	0	0	n/a	Short Doyle M/Cal	0	0	0	n/a	9
10	0	0	0	n/a	MAA/TCM	0	0	0	n/a	10
11	0	0	0	n/a	SB855	0	0	0	n/a	11
12	0	0	0	n/a	SB1255	0	0	0	n/a	12
13	0	0	0	n/a	GME	0	0	0	n/a	13
14	0	0	0	n/a	Capitation/Managed Care Settlement	0	0	0	n/a	14
15	0	0	0	n/a	State Alcohol	0	0	0	n/a	15
16	0	0	0	n/a	Proposition 36	0	0	0	n/a	16
17	0	0	0	n/a	State Realignment	0	0	0	n/a	17
18	0	0	0	n/a	Prop 99 AB75	0	0	0	n/a	18
19	0	0	0	n/a	Other State (CCS and State Mandated Cost)	0	0	0	n/a	19
20	0	0	0	n/a	Fees/Cafeteria/Misc (includes lease income)	0	0	0	n/a	20
21	0	122	(122)	-100.00%	Workorder Recovery	244	244	0	n/a	21
22	0	0	0	n/a	Transfer In and Project Related	0	0	0	n/a	22
23	3	3	0	n/a	Carryforward	5	5	0	n/a	23
24	3	124	(122)	-97.96%	TOTAL OTHER OPERATING REVENUE	249	249	0	n/a	24
25										25
26	3	124	(122)	-97.96%	TOTAL OPERATING REVENUE	249	249	0	n/a	26
27										27
28					OPERATING EXPENSES:					28
29	375	484	109	22.49%	Personnel Services	867	967	101	10.41%	29
30	77	106	29	27.71%	Mandatory Fringe Benefits	169	212	44	20.56%	30
31	12	56	44	78.23%	Non-personal Services	112	112	0	n/a	31
32	16	20	4	19.98%	Materials and Supplies	40	40	0	n/a	32
33	0	0	0	n/a	Facilities Maint. & Capital Outlay	0	0	0	n/a	33
34	9	5	(3)	-64.40%	Services of Other Departments (workorders)	10	10	0	n/a	34
35	0	0	0	n/a	Operating Transfer Out	0	0	0	n/a	35
36	0	0	0	n/a	Intrafund Transfer	0	0	0	n/a	36
37	0	0	0	n/a	Projects	0	0	0	n/a	37
38	488	671	183	27.23%	TOTAL OPERATING EXPENSES	1,198	1,342	144	10.76%	38
39										39
40	(486)	(547)	61	-11.13%	OPERATING INCOME/(LOSS)	(949)	(1,093)	144	-13.21%	40
41										41
42					NON-OPERATING REVENUE:					42
43	547	547	0	n/a	General Fund	1,093	1,093	0	n/a	43
44	547	547	0	n/a	TOTAL NON-OPERATING REVENUE	1,093	1,093	0	n/a	44
45										45
46	61	0	61	n/a	NET INCOME/(LOSS)	144	0	144	n/a	46

Department of Public Health - AIDS

STATEMENT OF REVENUE AND EXPENSES

December 31, 2001

(In Thousands of Dollars)

	YEAR TO DATE					ANNUAL				
	Projection	Budget	Fav/(Unfav) Variance	% Var		Prajectian	Budget	Fav/(Unfav) Variance	% Var	
					NET PATIENT SERVICE REVENUE:					
1	0	0	0	n/a	Medi-Cal Revenue	0	0	0	n/a	1
2	0	0	0	n/a	Medicare Revenue	0	0	0	n/a	2
3	0	0	0	n/a	Other Patient Revenue	0	0	0	n/a	3
4	0	0	0	n/a	Provision for Bad debt	0	0	0	n/a	4
5	0	0	0	n/a	TOTAL NET PATIENT SERVICE REVENUE	0	0	0	n/a	5
6										6
7					OTHER OPERATING REVENUE:					7
8	0	0	0	n/a	Short Doyle (Community Mental Health Service)	0	0	0	n/a	8
9	0	0	0	n/a	Short Doyle M/Cal	0	0	0	n/a	9
10	33	59	(27)	-44.69%	MAA/TCM	119	119	0	n/a	10
11	0	0	0	n/a	SB855	0	0	0	n/a	11
12	0	0	0	n/a	SB1255	0	0	0	n/a	12
13	0	0	0	n/a	GME	0	0	0	n/a	13
14	0	0	0	n/a	Capitation/Managed Care Settlement	0	0	0	n/a	14
15	0	0	0	n/a	State Alcohol	0	0	0	n/a	15
16	0	0	0	n/a	Proposition 36	0	0	0	n/a	16
17	0	0	0	n/a	State Realignment	0	0	0	n/a	17
18	0	0	0	n/a	Prop 99 AB75	0	0	0	n/a	18
19	0	0	0	n/a	Other State (CCS and State Mandated Cost)	0	0	0	n/a	19
20	204	405	(201)	-49.60%	Fees/Cafeteria/Misc (includes lease income)	810	810	0	n/a	20
21	0	0	0	n/a	Workorder Recovery	0	0	0	n/a	21
22	0	0	0	n/a	Transfer In and Project Related	0	0	0	n/a	22
23	329	329	0	n/a	Carryforward	657	657	0	n/a	23
24	565	793	(227)	-28.68%	TOTAL OTHER OPERATING REVENUE	1,586	1,586	0	n/a	24
25										25
26	565	793	(227)	-28.68%	TOTAL OPERATING REVENUE	1,586	1,586	0	n/a	26
27										27
28					OPERATING EXPENSES:					28
29	532	815	283	34.69%	Personnel Services	1,240	1,630	390	23.91%	29
30	123	197	74	37.45%	Mandatory Fringe Benefits	286	394	108	27.40%	30
31	5,147	3,606	(1,541)	-42.73%	Non-personal Services	7,212	7,212	0	n/a	31
32	107	101	(6)	-5.75%	Materials and Supplies	202	202	0	n/a	32
33	0	0	0	n/a	Facilities Maint. & Capital Outlay	0	0	0	n/a	33
34	741	448	(292)	-65.21%	Services of Other Departments (workorders)	897	897	0	n/a	34
35	0	0	0	n/a	Operating Transfer Out	0	0	0	n/a	35
36	0	0	0	n/a	Intrafund Transfer	0	0	0	n/a	36
37	0	0	0	n/a	Projects	0	0	0	n/a	37
38	6,650	5,168	(1,483)	-28.69%	TOTAL OPERATING EXPENSES	9,838	10,335	498	4.81%	38
39										39
40	(6,085)	(4,375)	(1,710)	39.09%	OPERATING INCOME/(LOSS)	(8,252)	(8,749)	498	-5.69%	40
41										41
42					NON-OPERATING REVENUE:					42
43	4,375	4,375	0	n/a	General Fund	8,749	8,749	0	n/a	43
44	4,375	4,375	0	n/a	TOTAL NON-OPERATING REVENUE	8,749	8,749	0	n/a	44
45										45
46	(1,710)	0	(1,710)	n/a	NET INCOME/(LOSS)	498	0	498	n/a	46

Department of Public Health - Disease Control

STATEMENT OF REVENUE AND EXPENSES

December 31, 2001

(In Thousands of Dollars)

	YEAR TO DATE					ANNUAL				
	Projection	Budget	Fav/(Unfav) Variance	% Var		Projection	Budget	Fav/(Unfav) Variance	% Var	
					NET PATIENT SERVICE REVENUE:					
1	534	474	60	12.70%	Medi-Cal Revenue	947	947	0	n/a	1
2	134	1	133	26641.20%	Medicore Revenue	1	1	0	n/a	2
3	930	28	903	3282.47%	Other Patient Revenue	55	55	0	n/a	3
4	0	0	0	n/a	Provision for Bad debt	0	0	0	n/a	4
5	1,598	502	1,096	218.51%	TOTAL NET PATIENT SERVICE REVENUE	1,003	1,003	0	n/a	5
6										6
7					OTHER OPERATING REVENUE:					7
8	0	0	0	n/a	Short Doyle (Community Mental Health Service)	0	0	0	n/a	8
9	0	0	0	n/a	Short Doyle M/Cal	0	0	0	n/a	9
10	19	12	6	51.39%	MAA/TCM	24	24	0	n/a	10
11	0	0	0	n/a	SB855	0	0	0	n/a	11
12	0	0	0	n/a	SB1255	0	0	0	n/a	12
13	0	0	0	n/a	GME	0	0	0	n/a	13
14	0	0	0	n/a	Capitation/Managed Care Settlement	0	0	0	n/a	14
15	0	0	0	n/a	State Alcohol	0	0	0	n/a	15
16	0	0	0	n/a	Proposition 36	0	0	0	n/a	16
17	0	0	0	n/a	State Realignment	0	0	0	n/a	17
18	0	0	0	n/a	Prop 99 AB75	0	0	0	n/a	18
19	0	0	0	n/a	Other State (CCS and State Mandated Cost)	0	0	0	n/a	19
20	(558)	719	(1,277)	-177.66%	Fees/Cafeteria/Misc (includes lease income)	1,437	1,437	0	n/a	20
21	0	0	0	n/a	Workorder Recovery	0	0	0	n/a	21
22	0	0	0	n/a	Transfer In and Project Related	0	0	0	n/a	22
23	167	167	0	n/a	Carryforward	334	334	0	n/a	23
24	(372)	898	(1,271)	-141.47%	TOTAL OTHER OPERATING REVENUE	1,796	1,796	0	n/a	24
25										25
26	1,225	1,400	(175)	-12.47%	TOTAL OPERATING REVENUE	2,799	2,799	0	n/a	26
27										27
28					OPERATING EXPENSES:					28
29	2,984	3,217	233	7.23%	Personnel Services	6,552	6,433	(119)	-1.85%	29
30	726	787	61	7.70%	Mandatory Fringe Benefits	1,579	1,574	(5)	-0.29%	30
31	487	540	53	9.88%	Non-personal Services	1,081	1,081	0	n/a	31
32	565	752	187	24.89%	Materials and Supplies	1,505	1,505	0	n/a	32
33	13	64	52	80.26%	Facilities Maint. & Capital Outlay	128	128	0	n/a	33
34	384	193	(191)	-98.78%	Services of Other Departments (workorders)	387	387	0	n/a	34
35	0	0	0	n/a	Operating Transfer Out	0	0	0	n/a	35
36	0	0	0	n/a	Intrafund Transfer	0	0	0	n/a	36
37	0	0	0	n/a	Projects	0	0	0	n/a	37
38	5,159	5,554	395	7.10%	TOTAL OPERATING EXPENSES	11,231	11,108	(123)	-1.11%	38
39										39
40	(3,934)	(4,154)	220	-5.30%	OPERATING INCOME/(LOSS)	(8,432)	(8,308)	(123)	1.48%	40
41										41
42					NON-OPERATING REVENUE:					42
43	4,154	4,154	0	n/a	General Fund	8,308	8,308	0	n/a	43
44	4,154	4,154	0	n/a	TOTAL NON-OPERATING REVENUE	8,308	8,308	0	n/a	44
45										45
46	220	0	220	######	NET INCOME/(LOSS)	(123)	0	(123)	#####	46

Department of Public Health - Health Education

STATEMENT OF REVENUE AND EXPENSES

December 31, 2001

(In Thousands of Dollars)

	YEAR TO DATE					ANNUAL				
	Projection	Budget	Fav/(Unfav) Variance	% Var		Projection	Budget	Fav/(Unfav) Variance	% Var	
					NET PATIENT SERVICE REVENUE:					
1	0	0	0	n/a	Medi-Cal Revenue	0	0	0	n/a	1
2	0	0	0	n/a	Medicare Revenue	0	0	0	n/a	2
3	0	0	0	n/a	Other Patient Revenue	0	0	0	n/a	3
4	0	0	0	n/a	Provision for Bad debt	0	0	0	n/a	4
5	0	0	0	n/a	TOTAL NET PATIENT SERVICE REVENUE	0	0	0	n/a	5
6										6
7					OTHER OPERATING REVENUE:					7
8	0	0	0	n/a	Short Doyle (Community Mental Health Service)	0	0	0	n/a	8
9	0	0	0	n/a	Short Doyle M/Cal	0	0	0	n/a	9
10	0	9	(9)	-100.00%	MAA/TCM	18	18	0	n/a	10
11	0	0	0	n/a	SB855	0	0	0	n/a	11
12	0	0	0	n/a	SB1255	0	0	0	n/a	12
13	0	0	0	n/a	GME	0	0	0	n/a	13
14	0	0	0	n/a	Capitation/Managed Care Settlement	0	0	0	n/a	14
15	0	0	0	n/a	State Alcohol	0	0	0	n/a	15
16	0	0	0	n/a	Proposition 36	0	0	0	n/a	16
17	0	0	0	n/a	State Realignment	0	0	0	n/a	17
18	0	0	0	n/a	Prop 99 AB75	0	0	0	n/a	18
19	0	0	0	n/a	Other State (CCS and State Mandated Cost)	0	0	0	n/a	19
20	0	0	0	n/a	Fees/Cafeteria/Misc (includes lease income)	0	0	0	n/a	20
21	0	28	(28)	-100.00%	Workorder Recovery	56	56	0	n/a	21
22	0	0	0	n/a	Transfer In and Project Related	0	0	0	n/a	22
23	12	12	0	n/a	Carryforward	24	24	0	n/a	23
24	12	49	(37)	-75.51%	TOTAL OTHER OPERATING REVENUE	98	98	0	n/a	24
25										25
26	12	49	(37)	-75.51%	TOTAL OPERATING REVENUE	98	98	0	n/a	26
27										27
28					OPERATING EXPENSES:					28
29	370	421	52	12.28%	Personnel Services	776	843	66	7.85%	29
30	89	100	11	11.32%	Mandatory Fringe Benefits	185	200	15	7.52%	30
31	116	124	7	6.03%	Non-personal Services	247	247	0	n/a	31
32	22	33	11	34.39%	Materials and Supplies	66	66	0	n/a	32
33	0	0	0	n/a	Facilities Maint. & Capital Outlay	0	0	0	n/a	33
34	141	71	(70)	-98.25%	Services of Other Departments (workorders)	142	142	0	n/a	34
35	0	0	0	n/a	Operating Transfer Out	0	0	0	n/a	35
36	0	0	0	n/a	Intrafund Transfer	0	0	0	n/a	36
37	0	0	0	n/a	Projects	0	0	0	n/a	37
38	737	749	12	1.60%	TOTAL OPERATING EXPENSES	1,418	1,499	81	5.42%	38
39										39
40	(725)	(700)	(25)	3.58%	OPERATING INCOME/(LOSS)	(1,319)	(1,401)	81	-5.80%	40
41										41
42					NON-OPERATING REVENUE:					42
43	700	700	0	n/a	General Fund	1,401	1,401	0	n/a	43
44	700	700	0	n/a	TOTAL NON-OPERATING REVENUE	1,401	1,401	0	n/a	44
45										45
46	(25)	0	(25)	n/a	NET INCOME/(LOSS)	81	0	81	n/a	46

Department of Public Health - EMSA

STATEMENT OF REVENUE AND EXPENSES

December 31, 2001

(In Thousands of Dollars)

	YEAR TO DATE					ANNUAL				
			Fav/(Unfav)					Fav/(Unfav)		
	Projection	Budget	Variance	% Var		Projection	Budget	Variance	% Var	
					NET PATIENT SERVICE REVENUE:					
1	0	0	0	n/a	Medi-Cal Revenue	0	0	0	n/a	1
2	0	0	0	n/a	Medicare Revenue	0	0	0	n/a	2
3	0	0	0	n/a	Other Patient Revenue	0	0	0	n/a	3
4	0	0	0	n/a	Provision for Bad debt	0	0	0	n/a	4
5	0	0	0	n/a	TOTAL NET PATIENT SERVICE REVENUE	0	0	0	n/a	5
6										6
7					OTHER OPERATING REVENUE:					7
8	0	0	0	n/a	Short Doyle (Community Mental Health Service)	0	0	0	n/a	8
9	0	0	0	n/a	Short Doyle M/Cal	0	0	0	n/a	9
10	0	0	0	n/a	MAA/TCM	0	0	0	n/a	10
11	0	0	0	n/a	SB855	0	0	0	n/a	11
12	0	0	0	n/a	SB1255	0	0	0	n/a	12
13	0	0	0	n/a	GME	0	0	0	n/a	13
14	0	0	0	n/a	Capitation/Managed Care Settlement	0	0	0	n/a	14
15	0	0	0	n/a	State Alcohol	0	0	0	n/a	15
16	0	0	0	n/a	Proposition 36	0	0	0	n/a	16
17	0	0	0	n/a	State Realignment	0	0	0	n/a	17
18	0	0	0	n/a	Prop 99 AB75	0	0	0	n/a	18
19	0	0	0	n/a	Other State (CCS and State Mandated Cost)	0	0	0	n/a	19
20	6	6	1	10.40%	Fees/Cafeteria/Misc (includes lease income)	11	11	0	n/a	20
21	0	0	0	n/a	Workorder Recovery	0	0	0	n/a	21
22	0	0	0	n/a	Transfer In and Project Related	0	0	0	n/a	22
23	33	33	0	n/a	Carryforward	66	66	0	n/a	23
24	39	39	1	1.50%	TOTAL OTHER OPERATING REVENUE	77	77	0	n/a	24
25										25
26	39	39	1	1.50%	TOTAL OPERATING REVENUE	77	77	0	n/a	26
27										27
28					OPERATING EXPENSES:					28
29	384	356	(28)	-7.88%	Personnel Services	818	712	(106)	-14.89%	29
30	81	80	(1)	-0.92%	Mandatory Fringe Benefits	170	160	(11)	-6.61%	30
31	52	118	66	55.95%	Non-personal Services	235	235	0	n/a	31
32	8	19	10	55.09%	Materials and Supplies	37	37	0	n/a	32
33	0	0	0	n/a	Facilities Maint. & Capital Outlay	0	0	0	n/a	33
34	131	73	(58)	-79.25%	Services of Other Departments (workorders)	146	146	0	n/a	34
35	0	0	0	n/a	Operating Transfer Out	0	0	0	n/a	35
36	0	0	0	n/a	Intrafund Transfer	0	0	0	n/a	36
37	0	0	0	n/a	Projects	0	0	.0	n/a	37
38	656	645	(10)	-1.62%	TOTAL OPERATING EXPENSES	1,407	1,290	(117)	-9.04%	38
39										39
40	(616)	(606)	(10)	1.63%	OPERATING INCOME/(LOSS)	(1,330)	(1,213)	(117)	9.62%	40
41										41
42					NON-OPERATING REVENUE:					42
43	606	606	0	n/a	General Fund	1,213	1,213	0	n/a	43
44	606	606	0	n/a	TOTAL NON-OPERATING REVENUE	1,213	1,213	0	n/a	44
45										45
46	(10)	0	(10)	n/a	NET INCOME/(LOSS)	(117)	0	(117)	n/a	46

Department of Public Health - EAP

STATEMENT OF REVENUE AND EXPENSES

December 31, 2001

(In Thousands of Dollars)

	YEAR TO DATE					ANNUAL				
	Projection	Budget	Fav/(Unfav) Variance	% Var		Projection	Budget	Fav/(Unfav) Variance	% Var	
					NET PATIENT SERVICE REVENUE:					
1	0	0	0	n/a	Medi-Cal Revenue	0	0	0	n/a	1
2	0	0	0	n/a	Medicare Revenue	0	0	0	n/a	2
3	0	0	0	n/o	Other Patient Revenue	0	0	0	n/a	3
4	0	0	0	n/a	Provision for Bad debt	0	0	0	n/a	4
5	0	0	0	n/a	TOTAL NET PATIENT SERVICE REVENUE	0	0	0	n/o	5
6										6
7					OTHER OPERATING REVENUE:					7
8	0	0	0	n/a	Short Doyle (Community Mental Health Service)	0	0	0	n/a	8
9	0	0	0	n/a	Short Doyle M/Cal	0	0	0	n/a	9
10	0	0	0	n/a	MAA/TCM	0	0	0	n/a	10
11	0	0	0	n/a	SB855	0	0	0	n/a	11
12	0	0	0	n/a	SB1255	0	0	0	n/a	12
13	0	0	0	n/a	GME	0	0	0	n/a	13
14	0	0	0	n/a	Capitation/Managed Care Settlement	0	0	0	n/a	14
15	0	0	0	n/a	State Alcohol	0	0	0	n/a	15
16	0	0	0	n/a	Proposition 36	0	0	0	n/a	16
17	0	0	0	n/a	State Realignment	0	0	0	n/a	17
18	0	0	0	n/a	Prop 99 AB75	0	0	0	n/a	18
19	0	0	0	n/a	Other State (CCS and State Mandated Cost)	0	0	0	n/a	19
20	0	0	0	n/a	Fees/Cafeteria/Misc (includes lease income)	0	0	0	n/a	20
21	0	49	(49)	-100.00%	Workorder Recovery	97	97	0	n/a	21
22	0	0	0	n/a	Transfer In and Project Related	0	0	0	n/a	22
23	2	2	0	n/a	Carryforword	4	4	0	n/a	23
24	2	50	(49)	-96.35%	TOTAL OTHER OPERATING REVENUE	101	101	0	n/a	24
25										25
26	2	50	(49)	-96.35%	TOTAL OPERATING REVENUE	101	101	0	n/a	26
27										27
28					OPERATING EXPENSES:					28
29	130	172	42	24.50%	Personnel Services	337	344	6	1.82%	29
30	33	44	11	24.44%	Mandatory Fringe Benefits	88	88	0	0.05%	30
31	124	58	(65)	-111.89%	Non-personal Services	117	117	0	n/a	31
32	6	6	(0)	-7.70%	Materials and Supplies	12	12	0	n/a	32
33	0	0	0	n/a	Facilities Maint. & Capital Outlay	0	0	0	n/a	33
34	2	3	1	18.00%	Services of Other Departments (workorders)	6	6	0	n/a	34
35	0	0	0	n/a	Operating Transfer Out	0	0	0	n/a	35
36	0	0	0	n/a	Intrafund Transfer	0	0	0	n/a	36
37	0	0	0	n/a	Projects	0	0	0	n/a	37
38	295	283	(12)	-4.37%	TOTAL OPERATING EXPENSES	560	566	6	1.11%	38
39										39
40	(294)	(233)	(61)	26.16%	OPERATING INCOME/(LOSS)	(459)	(465)	6	-1.35%	40
41										41
42					NON-OPERATING REVENUE:					42
43	233	233	0	n/a	General Fund	465	465	0	n/a	43
44	233	233	0	n/a	TOTAL NON-OPERATING REVENUE	465	465	0	n/a	44
45										45
46	(61)	0	(61)	n/a	NET INCOME/(LOSS)	6	0	6	n/a	46

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

Government Inf. Center (2)
S.F. PUBLIC LIBRARY, CIVIC CENTER
100 Larkin Street, 5th Floor
San Francisco, CA 94102

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Vice President

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Lee Ann Monfredini
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Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
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Web Site: http//www.dph.sf.ca.us

AGENDA

JOINT CONFERENCE COMMITTEE MEETING FOR POPULATION HEALTH AND PREVENTION

Tuesday, March 26, 2002
9:30 p.m. – 11:30 p.m.
AIDS PROGRAMS OFFICE
25 Van Ness, Suite #500*
San Francisco, CA 94102

DOCUMENTS DEPT.

MAR 2 2 2002

SAN FRANCISCO
PUBLIC LIBRARY

Commissioner Harrison Parker, Sr., D.D.S., Chair
Commissioner Roma P. Guy, MSW
Youth Commissioner, Rolando Bonilla

03-22-02A10:0 RCVD

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF MINUTES FOR FEBRUARY 26, 2002**
**Minutes for February 26, 2002*

3) **FOR DISCUSSION:** **SECRETARY'S REPORT**
(Jimmy Loyce, PHP Secretary)
(Description of activities and operations of the Population Health and Prevention Division)

4) **FOR DISCUSSION:** **HIV/AIDS FINANCIAL OVERVIEW**
(Larry Doyle, PHP Chief Financial Officer)
**Report*

5) **FOR DISCUSSION:** **BHSF COMMUNITY NEEDS ASSESSMENT**
(Jim Soos, Policy and Planning)
**Update*

6) **FOR DISCUSSION:** **OVERVIEW OF HEALTH STATUS**
(Brian Katcher, Community Health Promotion and Prevention)
**Report*

7) **EMERGING ISSUES**

8) **PUBLIC COMMENTS****

9) **ADJOURNMENT**

* **Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311.**

** **Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that are within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.**

Disability Access

The Fifth Floor Conference Room at 25 Van Ness is wheelchair accessible. The closest accessible station for Muni is at the corner of Market Street and Van Ness Avenue. The closest BART station is the Civic Center Station. For information about MUNI services, call (415) 673-6864. Public parking is available at three parking lots located at the corners of Van Ness Avenue and Fell Street, Franklin and Oak Streets and Polk and Hayes Streets.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

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The ringing and/or use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information

about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: **Donna_Hall@ci.sf.ca.us**.

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm**

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Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Arthur M. Jackson
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sánchez, Jr., Ph.D.
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Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

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Tel. (415) 554-2666
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MINUTES

JOINT CONFERENCE COMMITTEE MEETING FOR POPULATION HEALTH AND PREVENTION

Tuesday, March 26, 2001
9:30 p.m. – 11:30 p.m.
AIDS PROGRAMS OFFICE
25 Van Ness, Suite #500
San Francisco, CA 94102

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1) CALL TO ORDER

The Population Health and Prevention Joint Conference Committee meeting was called to order by Commissioner Harrison Parker at 9:40 a.m.

Present: Commissioner Harrison Parker, Sr., D.D.S., Chair
Commissioner Roma P. Guy, MSW

Staff: Rob Bannon, Mildred Crear, Larry Doyle, Patricia Evans, M.D., Barbara Garcia, Brian Katcher, Pharm. D., Jimmy Loyce, Norm Nickens, Randy Reiter, Jim Soos, Jim Stillwell, Brenda Walker, Wendy Wolf,

Commissioner Parker said that Rolando Bonilla, the Youth Commissioner representative to the Population Health and Prevention Joint Conference Committee, was appointed by Mayor Brown to the Juvenile Probation Commission. Commissioner Parker wished him well, and said that the process of identifying a new member would get underway.

2) APPROVAL OF MINUTES FOR FEBRUARY 26, 2002

Action Taken: The Committee approved the minutes of the February 26, 2002 Population Health and Prevention Joint Conference Committee meeting.

3) SECRETARY'S REPORT

Jimmy Loyce, PHP Secretary, presented the Secretary's Report.

AIDS Office

The Board of Supervisors Finance Committee on Wednesday, March 21, tabled at the call of the Chair, the Department of Public Health's $575,000 supplemental request. The Mayor's Budget Office and Monique Zmuda, CFO of the Department, determined that there were sufficient funds available at DPH. The funds are a part of the projected DPH surplus. The AIDS Office will begin contract negotiations for these dollars within the next two weeks.

STD Prevention and Control

Seven STD Program staff attended the STD Conference in San Diego. The following eleven abstracts were accepted for presentation at the Conference:

Oral Presentations:

Training Sex Workers as Disease Prevention and Health Care Promotion Maintenance Educators

Evaluation of Field Delivered Therapy for Individuals with Uncomplicated chlamydia or gonorrhea Infections

Evaluation of Gonorrhea Screening in Family Planning Settings: California 2000

Testing Asymptomatic Individuals for Herpes Simplex Virus Type 2: Psychosocial Implications

Symposium

Screening Males for Chlamydia Infection - Do We Have the Data to Guide the Program?

Workshop

Applications of GIS in Integrated Public Health Surveillance Systems

Posters

Implications of Chlamydia Test specificity for Screening Guidelines for Older Women

How Often Should Young Women be Screened for Chlamydia in a Moderate Prevalence area

Incidence of Primary and Secondary syphilis Among HIV Infected Men in S.F., 2001

Evaluation of a Syphilis Surveillance System, SF 2000

America On-line Perpetuates Syphilis and Gonorrhea Transmission in S.F.

The presentations were well received, particularly the one involving field delivered therapy and our program was recognized by a number of attendees a center of excellence for STD research.

Will Wong, MD., our EIS Officer, did a formal analysis of our syphilis surveillance system which he presented in Atlanta in January and again, in San Diego, in March. His analysis found that our system is sensitive, timely, flexible and stable; complex due to disease complexity and has a low predicative value positive due to low prevalence of disease rather than the surveillance system.

An evaluation done among 6,553 STD Clinic patient visits by MSM in 2001 indicated that GC was diagnosed during 13.7% (895/6553) of the visits (6.8% were positive for urethral GC, 5.7% for pharyngeal GC and 3.2 for rectal GC). Among the men with rectal GC, 15% (32/213) also had a urethral infection and 25% (53/213) had a pharyngeal infection detected. Of those with GC at any site, 83% had only a single site of infection, 16% had two sites of infection and .8 had three sites of infection. Clearly,

this indicates, that we need to be asking our clients what kinds of sexual activity they engage in and testing all appropriate body sites in order to diagnose the maximum amount of disease in this high risk population.

The increase in cases of early syphilis is continuing in San Francisco. In the first two months of the year, 55 early cases of syphilis have been reported; 39 of which are P&S cases. 83% (46/55) cases are among gay men. By comparison, in 2001, only 18 early cases were reported for the first two months of the year; 12 of which were P&S cases. 67% (12/18) cases were among gay men. Many of the men continue to report large numbers of anonymous partners met in anonymous sex venues such as sex clubs, adult bookstores, on the Internet, in parks and in bathhouses.

Due to the large numbers of early syphilis cases reported, and staffing shortages, we recently implemented a temporary change in our syphilis interviewing guidelines and are no longer performing interviews and partner follow up for gay men diagnosed with early latent syphilis, unless they are epi related. These cases account for approximately 25% of our morbidity and, in the past, had been relatively non-productive.

Gonorrhea Diagnoses Evaluation

An evaluation done of 6,553 STD Clinic patient visits by MSM in 2001 indicated that Gonorrhea (GC) was diagnosed at 13.7% (895/6553) of the visits (6.8% were positive for urethral GC, 5.7% for pharyngeal GC and 3.2 for rectal GC). Among the men with rectal GC, 15% (32/213) also had a urethral infection and 25% (53/213) had a pharyngeal infection detected. Of those with GC at any site, 83% had only a single site of infection, 16% had two sites of infection and .8 had three sites of infection. This indicates a need to ask clients what kinds of sexual activity they engage in and test all appropriate body sites in order to diagnose the maximum amount of disease in this high-risk population.

Increases in Early Syphilis Continue

An increase in cases of early syphilis is continuing in San Francisco. In the first two months of 2002, 55 early cases of syphilis have been reported; 39 of which are P&S cases. 83% (46/55) of these cases are among gay men. By comparison, in 2001, only 18 early cases were reported for the first two months of the year; 12 of which were P&S cases. 67% (12/18) of these cases were among gay men. Many men continue to report large numbers of anonymous partners met in anonymous sex venues such as sex clubs, adult bookstores, on the Internet, in parks and in bathhouses.

EEO and Cultural Competency

At its meeting of January 8, 2002 the Health Commission reviewed its existing policy on *Contractor's Compliance with Nondiscrimination and Cultural Competency*. The Commission adopted the Culturally and Linguistically Appropriate Services (CLAS) standards issued by the United States Department of Public Health, Office of Minority Health, on December 22, 2000. The CLAS standards were adopted as general guidelines to provide a uniform framework for developing and monitoring culturally and linguistically appropriate services as provided by the Department and its direct services providers. The Commission further recommended that the Department establish a Task Force on Cultural Competency to assist in the implementation of its policy directive.

A Task Force has been established under the Health Department's Office of EEO and Cultural Competency. The Task Force meets on the second Friday of the month, 9:00 -11:00 a.m., at 25 Van Ness, Room 300. Current members of the Task Force include:

DPH Programs:

Norman Nickens	EEO/Cultural Competency	African American
Galen Leung	Contracts	Asian

Charlie Morimoto	Community Health Programs	Asian
Tina Yee	Community Mental Health Services	Asian
Maria Cora	Women's Health Services	Latina
Robert Christmas	Laguna Honda	African American
Ginger Smyly	Prevention/Health Education	African American
Francis Lu	Department of Psychiatry, SFGH	Asian
Chuck Pitkofsky	Education and Training, SFGH	White
Gloria Garcia-Orme	Patient Relations, SFGH	Latina

Two additional DPH programs have requested to participate on the Task Force and proposed members, although they have not yet formally been added. They are:

Fred Milligan	Primary Care	White
Cher Brown	MHRF	African American

Contract Programs:

Lance Toma	Asian & Pacific Islander Wellness Ctr.	Asian
Estella Garcia	Instituto Familiar de la Raza	Latina
Angela La Norman	Walden House	African American
Karen Redus	Walden House	African American
Evelyn Lee	Richmond Area Multi-Services	Asian

A training on cultural and linguistic competency was conducted for all DPH program managers/analysts on March 14, 2002. A half-day training for contract agencies is scheduled for March 21, 2002. It is anticipated that additional representatives from contract agencies, such as representatives from the various DPH contractor associations, will be added in the next few weeks. The Human Services Network expressed interest following the January 8th Commission meeting but has not followed up on an invitation for a presentation to their executive committee.

Dr. Melissa Welch, Medical Director for the San Mateo Health Plan, is not formally a member of the Task Force but has contributed to its efforts as a result of her participation in the national planning process of implementation of the CLAS standards. Dr. Lu is also a member of the national planning group.

The Task Force also serves as the advisory body for implementation of the Equal Access to Services Ordinance, which establishes requirements for interpretation and translation services for City departments. The Health Department submitted its annual report on implementation of the Ordinance on February 1, 2002. Copies of the report will be provided at the meeting.

Commissioners' Comments

- Commissioner Guy said that the CARE contractors have already received a notice from the Department that their contracts would be cut because of the reduction in Federal Ryan White CARE funding. If additional funding becomes available through either the supplemental appropriation or other means, how will the funds be disbursed, and how will the contractors be notified? Mr. Loyce said that some of the contracts will be adjusted, and if the adjustments are small enough, they will not need to go back to the Commission for approval. Mr. Loyce reiterated that the $575,000 allocation will not cover the entire reduction in CARE dollars, so there will still be cuts. Commissioner Guy asked Norm Nickens how the Cultural Competency Task Force meetings have been going since the community members were added. Mr. Nickens said that the community members have been attending the meetings, but the task force is still heavily weighted with department representatives. Mr. Nickens said he is recruiting 3-4 additional community participants.

Public Comment

- Jim Ilig, Project Open Hand, said that they were prepared to make cuts, but with a four-month extension to get the contract to June. The amount needed to do this was $739,000 but somehow the Board of Supervisors supplemental appropriation was reduced to $575,000. Mr. Ilig said that the CARE contractors are going to make the case to the Board of Supervisors that they need a Cost of Living Adjustment every year, and that it should be City policy to backfill all further cuts to Ryan White funding. Mr. Ilig said that the decision to backfill the current CARE cuts sets a precedent.

In response to Mr. Ilig's comments, Larry Doyle stated that the backfill does not set a precedent, and the policy is to look at all declining grants and make individual decisions based on the Department's priorities. STD always has declining grants that are not backfilled, and to set a different standard for AIDS contracts is not equitable.

The Joint Conference Committee recessed at 10:05 a.m. because the building was evacuated due to a fire alarm.

The Joint Conference Committee meeting reconvened at 10:40 a.m.

4) HIV/AIDS FINANCIAL OVERVIEW

Larry Doyle, PHP Chief Financial Officer, presented the HIV/AIDS Financial Overview (Attachment A).

Commissioners' Comments

- Commissioner Parker asked if the care of all DPH clients is handled by a case manager. Mr. Loyce said that not all clients have a case manager—for example, some only come for dental services. Case management is provided for the most needy individuals, however people cannot be forced to accept these services.

5) BHSF COMMUNITY NEEDS ASSESSMENT

Jim Soos, Policy and Planning, presented the Building a Healthier San Francisco Community Needs Assessment. Sherry Sherman, CPMC, who co-chaired the Building a Healthier San Francisco Collaborative, attended the meeting.

The two goals of the 2001 needs assessment were to use best available secondary data and to seek community feedback to guide the assessment and to help direct the call to action. A community Forum was convened on October 11, 2001 to share preliminary results and to receive feedback from participants. The report was released to "key leaders" on February 7.

Mr. Soos summarized the San Francisco demographics and the San Francisco Health Statistics. The Needs Assessment uses the objectives identified in Healthy People 2010 Initiative as a framework for reviewing San Francisco data. For example, San Francisco met the Healthy People 2010 guidelines for five indicators of mortality: heart disease, lung cancer, breast cancer, motor vehicle deaths and diabetes. But it did not meet the guidelines for suicide or firearm deaths or other cancers. San Franciscans, both as a whole and in every major racial and ethnic group, fail to meet the Healthy People 2010 objectives for obesity and physical activity. Health disparities exist among the four major racial/ethnic groups.

Ms. Sherman said that as a result of the February 7th presentation to key leaders, hospital CEOs are coming together to fund efforts to address disparities in African American health outcomes.

Commissioners' Comments

- Commissioner Parker asked who we can use as a role model in terms of positive health outcomes, and asked if we are trying to have every ethnic group meet the same standard. Mr. Soos responded that the goal is to have all groups to meet the Healthy People 2010 standards. Commissioner Parker said that we need to be more realistic in terms of seeing incremental improvements—progress happens even if the standards are not met, and there should be ways to measure this progress. He added that additional resources need to be committed to raise the health status of certain groups.

- Commissioner Guy said that either the Population Health and Prevention JCC or the Community Health Network JCC needs to discuss the Institute of Medicine Report on health disparities and determine what this means for the Strategic Plan. Commissioner Guy added that she would like to see a further breakdown of the Asian population so that we can clearly see the trends in the Samoan and Filipino communities.

6) OVERVIEW OF HEALTH STATUS

Randy Reiter, Ph.D., Community Health Promotion and Prevention, presented the Overview of Health Status. The report has three goals: to use evidence–based public health data to develop a "big picture" of the overall health of San Francisco's population; to allow the Department to assess how it is doing with the two major national objectives for Health People 2010, which are to increase the length and quality of life and to eliminate disparities within the population; and to produce timely data for DPH planners and programs, the City and for the public.

The Overview is organized into three sections. "Who We Are" provides demographic view of the age and ethnic distribution of our population. "How We Live" presents information on conditions that are known to be major determinants of health in populations. "Our Health" covers major physical and mental health outcomes. Dr. Reiter summarized the demographic findings.

7) EMERGING ISSUES

None.

8) PUBLIC COMMENTS

None.

9) ADJOURNMENT

The meeting was adjourned at 12:30 p.m.

Michele M. Olson
Executive Secretary to the Health Commission

Attachment (1)

City and County of San Francisco

Department of Public Health
POPULATION HEALTH AND PREVENTION
FISCAL OFFICE
101 Grove Street
San Francisco, CA 94102

Date: March 19, 2002

Memo to: Joint Conference Committee
Population Health and Prevention

From: Larry Doyle

Re: Financial Overview – AIDS Office

It is my pleasure to present to you a financial overview of the AIDS Office. The intent of this report is to give the conference an idea of the breadth and scope of services delivered from a financial perspective. Schedules attached to this report include an enumeration of all contracts and grants under the administration of the AIDS office.

The AIDS office has a total budget of approximately $70 million. Of this amount, approximately $1 million is generated through departmental revenues (indirect costs and Medi-Cal administrative claiming) and $9 million is funded by the City and County in General Fund contributions. The balance is funded through various grants. These grants comprise approximately 86% of the AIDS budget. While these grants have many sources, i.e., Federal, State and private, the preponderance (in excess of 90%) come to us through the Federal government. In this Fiscal Year, the AIDS office has 200 budgeted positions, 26 are paid through General Fund, 174 are grant funded.

I have attached a schedule of AIDS contracts funded through grants and general city support to this report. Hopefully, this will give you a sense of who we do business with, a general idea of the dollars involved and the type of services we are funding through these contracts. It should be noted that our general fund contracts fund HIV Health services and HIV prevention services. We budget $2.5 million dollars for HIV Health services and $3.7 million for HIV prevention services. Contracts funded through grants exceed $40 million.

I have also attached a grants schedule. The grants schedule lists the grant name, a brief program description, the amount of the award and from which agency the funds are received. The AIDS office receives 25 grants in the amount of $59.3 million.

With its large dependence on grants, the AIDS office appears more susceptible to reductions forthcoming from the economic downturn. They have just been advised that the Ryan White allocation will be reduced by $2.2 million. Obviously, a reduction of this magnitude will have an impact on the service delivery system. The Care Council has determined that these reductions should be borne by all contractors proportionally along with some reallocations for a net reduction of $1.6 million. A supplemental budget request of $575,341 has currently been submitted to partially cover the lost funding for the four-month period from March 1 to June 30, 2002.

Memo to: Joint Conference Committee
Population Health and Prevention
From: Larry Doyle
Re: Financial Overview – AIDS Office
Date: March 19, 2002

I have included the following table of contents for your easy reference.

	Pages
Overview	1 – 2
Contracts funded by Grants	3 – 6
Contracts funded by General Fund	7
List of AIDS grants	8 – 9

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Attachments

Contract Allocations HIV/Aids Grants		
Contractor	Service	Amount
Care Title I - Ryan White	Health Services	
AIDS Community Research Consortium	Client advocacy/Treatment advocacy to people of color	47,298
AIDS Emergency Fund	Emergency financial assistance- Vouchers	662,392
AIDS Legal Referral Panel	Client advocacy/legal advocacy eviction prev. svcs.	215,952
Amer College of Tradnl Chinese Med	Complementary therapies	276,827
Ark of Refuge	Treatment/Peer advocacy for HIV+ African Amer & Latino Transgender/client enhancement/capacity bldg.	91,339
Asian & Pacific Islander Wellness Ctr	Mental Health/Case Mgmt./Peer advocacy/Integrated svcs.	432,110
Baker Places, Inc	Detox services to persons with HIV	177,000
Bar Association of San Francisco	Legal/Immigrant Assistance	77,868
California AIDS Intervention Training Ctr	Native American-Outpatient Mental Health/Client Advocacy	102,215
Catholic Charities	Attendant Care	159,815
Chemical Awareness and Tx Srvs	Redwood Center & A Women's Place	594,042
Community Dental Care, Inc.	Decentralized Dental Services	149,286
CompassPoint Nonprofit Services	Tech Support for CARE providers/ISP model expansion/Reggie,etc.	302,601
Continuum HIV Day Services	Adult Day Health Care & Subs. Abuse/Integrated Svcs./Tenderloin Food Service/case mgmt CA prisons	867,543
Dolores Street Community Services	Richard Cohen/Nursing Case Mgmt & attendant care	184,273
Family Service Agency of SF	Mental health services	181,643
Family Support Srvs of the Bay Area	Respite childcare services	290,531
Glide Foundation	Case Mgmt/Peer Advocacy/Treatment Advocacy	116,427
Haight Ashbury Free Clinics, Inc	Western Addition Res. Housing/Lodestar/Smith-Ryan/Res. Case Mgmt/Integrated Svcs.	1,005,557
Immune Enhancement Project	Complementary Therapies	223,668
Instituto Familiar de la Raza	Psychiatric Consultation and Psychotherapeutic Support/Peer Advocacy for HIV+Monolingual Latinos	282,903
Iris Center	Mental Health Counseling to HIV+ women	150,000
Legal Services for Children	Legal/Guardianship children	177,882
Lutheran Social Services	Money management & representative payee	459,479
Lyon Martin Women's Health Srvs	Integrated Services	341,727
Maitri AIDS Hospice	Nursing case management and attendant care	981,880
Marin Dept of Health & Human Srvs	HIV Services	1,446,171
Mission Neighborhood Health Center	Case Mgmt/Peer Adv/Treatment Adv & Nutrition Counseling	142,902
New Leaf	Outpatient mental health svcs & substance abuse counseling	234,138
Positive Resource Center	Benefits counseling/Planning Council support	644,288
Project Open Hand	Delivered meals/Grocery center & Meals for Continuum clients	1,348,637
Quan Yin Healing Arts Center	Alternative/Complementary therapies services	127,327
Saint Mary's Medical Center	AIDS dementia unit/Integrated Services	1,234,862
San Francisco AIDS Foundation	One-Time Funds - Consumer info on services & programs	10,000
San Francisco Commnty Clnc Consort	Primary Care & Integrated Services	341,042
San Francisco Food Bank	Emergency food box & Food solicitation	96,416
San Francisco Suicide Prevention	Nightline phone crisis hotline	107,784
San Mateo Dept of Health Services	HIV Services	2,431,140
Shanti Project	Case Mgmt/Peer Advocacy/Treatment Advocacy/Crossings-Mission Van & Tenderloin tranportation services	430,078
Tenderloin AIDS Resource Center	Integrated-Case Mgmt/Peer Adv/Treatment Advy-groups/Case Mgmt	527,789
UCSF/SFGH/Dept of Psychiatry/AHP	Psych Consult/Psychotherapy/Neuropsych/MH crisis/Injection Drug User Care Mgmt/develop Intensive ase mgt. Prog.	990,201
UCSF/Center on Deafness	Mental health and support services	40,236
UCSF/Pediatric AIDS Program	Primary care	170,945
UCSF/SFGH/Dept of Psychiatry/SAS	STOP: Stimulant Detoxification/Methadone maint Opiate Treatment Outpatient Prog.) & (Substance Abuse Counseling Svcs)	662,134
UCSF School of Dentistry	Decentralized dental services	325,715
UCSF/Women's Specialty Clinic	Primary medical care/Peer Advocacy to HIV+ African Amer. Women	261,062

	Contract Allocations	
	HIV/Aids Grants	
Contractor	Service	Amount
Univ of the Pacific/School of Dentistry	Centralized Dental Services	543,600
Urban Indian Health Board	Outpatient mental health/client advocacy /treatment adherence to people of color	57,558
Walden House	Residential tx & Detox/Continuing care/Multi-diagnosis svcs	1,699,928
Westside Community Mental Health	Home care/Hospice/Attendant care services	212,850
Sub-Total		22,639,061
	Housing Services	
Ark of Refuge	Restoration Hse/Res Tx for women/Repair & transition kits	302,480
Baker Places, Inc	Ferguson Place/Residential Treatment/painting, linen & emergency kits	1,346,072
Black Coalition on AIDS	Rafiki/Brandy Moore transitional housing & Case Mgmt/painting, linens, etc.	393,912
Catholic Charities	Rita da Cascia case management & Peer Advocacy	70,865
Catholic Charities	Assisted Housing Program/Derek Silva Comm.	1,256,056
John Stewart and Company	Startup/Star and Camelot Hotel	75,781
Larkin Street Youth Center	Comprehensive housing for youth/case mgmt/peer advoc/tx advoc/attendant care	668,357
Lutheran Social Services	Rental subsidies & Case mgmt srvs to Franciscan residents/Hazel Betsy supportive housing services	156,171
San Francisco AIDS Foundation	Standard Rental Subsidies	2,538,146
San Francisco AIDS Foundation	Emergency Housing Vouchers	114,936
Tenderloin AIDS Resource Center	Emergency housing, linen, kits	10,000
Walden House	Planetree supportive housing services/ painting and linens	95,757
Sub-Total		7,028,533
Total Care Title I-Ryan White		29,667,594
Care Title II-Comprehensive AIDS Resource Emergency		
Baker Places	Post Detox	250,000
Compass Point Non-Profit Services	Technical Support	21,152
		271,152
HIV Prevention Prog.		
Aguilas Inc.	HIV prevention services targeting behavioral risk population	69,021
Asian Pacific Islander	Community HIV/Aids services	471,653
Bay Area Young Positives	Outreach & Community services	58,774
Better World Advertising	Media dev., printing, advertising/Social mkting campaign for HIV testing initiative	504,709
Black Coalition on Aids	HIV prevention svcs.for African American Transgender population	74,171
California Aids Intervention	HIV Prevention services targeting behavioral risk population	280,399
California Prostitute Education Project	HIV Prevention services to African American females 12-18 and females 19-30/behavioral risk population and venue based outreach services.	318,533
Compasspoint Non Profit	Organizational development and capacity bldg.	120,000
Glide Foundation	HIV counseling, testing , risk reduction, partner notification	53,008
Haight Ashbury Free Clinic	HIV Prevention services/venue based individual outreach	187,338
Instituto Familiar de la Raza	Prevention services to Latina Women between ages 12-30	188,146
Iris Center: Women's Counseling	Venue based individual outreach Women's counseling & recovery center.	58,854
Mission Neighborhood	Provide HIV prevention services targeting behavioral risk populations and evaluation of prevention services	126,145
Mobilization Against AIDS	HIV prevention services to transgender population	43,500
Regents of UC	Counseling Testing & Referral/Partner Counseling & Referral Svcs data analysis/HIV services analysis/HIV prev outreach targeting metamphetamine using men/community based prevention education to behavioral risk population/counseling and testing through the urban health study	744,263

	Contract Allocations HIV/Aids Grants	
Contractor	Service	Amount
STOP Aids Health Project	Prevention for positives/ community level interventions svcs/venue based individual outreach /HIV prev we-based innovative interventions	595,315
Tenderloin Aids Resource Center	To provide HIV prevention services to behavioral risk populations/innovative intervention services in SF/counseling, testing referral/partner counseling and referral services.	509,640
UCSF AIDS Health Project	STD screening and treatment. Training services for HIV prevention for positives program.	743,229
		5,146,698
HIV-Aids Surveillance & Seroprevalence		
UCSF/CAPS	Asian Pacific Islander young men's survey	21,882
Westat Corporation	HIV seroincidence study-telephone survey services	195,039
		216,921
State Aids Surveillance		
Compasspoint Nonprofit Services	HIV professional technical assistance	35,000
HIV Counseling & Testing		
UCSF/AHP	HIV counseling, testing referral/partner counseling	513,931
Glide Foundation	To provide HIV prevention services to behavioral risk population	16,623
Tenderloin Aids Resource Center	HIV prevention, counseling, testing, referral services	31,150
		561,704
Early Intervention/Primary Care		
Mission Neighborhood Hlth Ctr.	To provide early intervention medical care, case mgmt and health education to HIV-positive persons residing in the Mission district of SF.	370,000
CA Aids Intervention Center	Case management and health education services	248,779
		618,779
Strengthening HIV/AIDS/STD Prev.		
Regents of University of California	Strengthening HIV prevention /behavioral risk data	37,588
HIV Intervention-Incarcerated Indiv.		
Centerforce, Inc.	Providing HIV health and prevention education services for pre-release and post release inmates of California state prisons.	785,883
Continuum HIV Day Service	Transitional HIV support services	739,765
Homebase	To initiate and sustain positive behavior change for recently released /pre-released inmates.	476,580
		2,002,228
Forecast HIV Evolution In IV Drug User's		
Regents of University of Califomia,SF/Berkeley	Professional Research analysis services	69,638
HIV Prev. Trials Network Leadership		
Public Health Foundation	services to the HIV vaccine network trial	84,171
Zimbabwe-SF HIV Prev. Trials		
Public Health Foundation Enterprise-Research Adm & Consultation	research services for Zimbabwe project	681,009
Technical Assistance & Capacity Dev.		
Compasspoint Nonprofit Services	HIV prevention among organization, closely integrated with minority population highly impact of HIV/Aids.	894,000
Strain Diversity & Nonprogressors		
UC for Eric Vittinghoff	Hiv research & evaluation	9,460
Gladstone Institute	HIV testing results	9,840
		19,300
Viagra Use Among Men Who have Sex with Men		
STOP AIDS Project	Study of men taking viagra	8,000
HIV Care & Related Svcs for Women & Minorities		
Dolores Street Comm	HIV peer advocacy service	65,850
Mission Neighborhood Health Center	Outreach, HIV counseling/testing and referral	70,440

	Contract Allocations HIV/Aids Grants	
Contractor	Service	Amount
UCSF-PHP Men	Outreach, HIV treatment and advocacy services to men of color	158,556
UCSF-PHP Women	Outreach, HIV treatment and advocacy services	46,000
		340,846
Grand Total HIV-AIDS Contracts		40,654,628

EXPENDITURE DESCRIPTION REPORT

DEPARTMENT: DPH DEPARTMENT OF PUBLIC HEALTH
DIVISION: PH PUBLIC HEALTH
PROGRAM: DPC HIV/AIDS

EXPENDITURES:

Contractor's Name	FY 2001-02 Amount	Description
Medical Services Contracts:		
Health Services:		
Shanti	107,115	Van Transportation.
Shanti	395,324	Emotional and Practical Sprt.
SF AIDS Foundation	744,880	Peer Advocacy/client Adv/Benefits.
SFGH/CHN	65,140	HIV Health Svcs.
Various Contractors	43,387	HIV work reentry.
Positive Resources	40,000	HIV work reentry. Deletion of one-time cost
Department of Rehab-Cal	100,000	HIV work reentry
Instituto Familiar de la Raza	121,168	Latino HIV Prev Svcs.
Native American AIDS Prog	100,000	HIV Health Svcs-Native Americans-deletion of one-time cost
Reggie Projects	208,301	Reggie Project.
Urban Indian Health Board	152,836	Case Mgmt/Tx Advocacy
To Substance Abuse	404,167	Transfer $404,167 to Substance Abuse
Various Contractors	29,379	Unallocated
Dolores St. Community Svcs	35,000	Socialization Activities
Subtotal GF-Health	2,546,697	
Prevention Services:		
Black Coalition on AIDS	230,760	HIV Prevention targeting behavioral risk population.
Dupont Matching Grant	400,000	HIV Prevention Services-deletion of one-time cost
Instituto Familiar De la Raza	125,604	HIV Prev Svcs $72,522 and Gen Educ Svcs $51,092
Larkin St Youth Center	112,113	For health education and risk reduction.
Mission Neighborhood Health	8,204	For health education and risk reduction.
Mobilization Against AIDS Int'l	271,838	HIV Prevention targeting behavioral risk population.
SF AIDS Foundation	135,988	Telephone hotline services.
SF AIDS Foundation	522,209	HIV Prevention Project/Needle Exchange.
SF AIDS Foundation	585,782	For health education and risk reduction.
Stop AIDS Project	514,803	For community level interventions
Stop AIDS Project	152,346	For condom distribution program.
Stop AIDS Project	50,000	HIV Prevention Services-deletion of one-time cost
Westside Commty Mental Hlth	135,302	For HIV Svcs and General educ
Urban Indian Health Brd	140,110	HIV Prevention targeting behavioral risk population.
Aguilas/El Ambiente	40,207	HIV Prevention.
Reggie Project	128,000	Data analysis and management for HIV/AIDS clients
South of Market Hlth Centers	62,100	Multiple session groups/prevention
SFAF	4,174	HIV Prevention services targeting behavioral risk populations
Glide Foundation	69,877	STD/HIV Outreach and Prev to Tenderloin Group.
To be determined	50,582	HIV Prevention
Subtotal Prevention	3,739,999	
Total	6,286,696	

Dept. of Public Health-PHP
HIV/AIDS Grants

	Grant Title	Program Description	No. of FTE's	Grant Award	Budget Period	Grantor	Grant Type
1	HIV Vaccine Efficacy Trial	To determine whether immunization with HIV vaccine protects at-risk persons from acquiring HIV infection		341,780	9/30/01-9/29/02	Public Health Foundation Enterprises Inc.	Federal /Private
2	HIV Prevention Project	AIDS prevention services, including counseling, testing, partner notification, health education, risk reduction, public info., minority initiatives, and evaluation	68.48	9,105,246	1/1/02-12/31/02	Dept. of Health & Human Services - PHS / CDC & Prev	Federal
3	HIV/AIDS Surveillance & Seroprevalen	Provide resources to measure & track AIDS epidemic in S.F. & generate epidemologic data about the nature of the epidemic	19.38	1,692,156	01/01/02-12/31/02	Dept. of Health & Human Services (CDC)	Federal
4	State AIDS Drug Assistance	Administration of the AIDS Drug Assistance Program enrollment screening/recertification process provided by the local health jurisdiction and/or its subcontractors.	2.00	149,069	7/01/00-6/30/02	Dept. ofHealth Services -Office of AIDS	State
5	HIV Education & Prevention	Peer Education. Provide HIV educational & prevention single session groups, venue-based individual outreach, venue-based group events, extended encounters to MSM, FSM and MSF multi-ethnic youth.	8.40	1,564,004	7/1/01-6/30/02	Department of Health Services	State
6	CARE TITLE I (Ryan White)	Outpatient services which includes assessment, psychotherapy, clinical case mgmt, peer support and psychiatric medication and monitoring to multiply diagnosed individuals.	29.99	35,771,651	3/1/01-2/28/02	Dept. of Health & Human Services-HRSA	Federal
7	State AIDS Surveilance Program	Establish and expand active AIDS case surveillance to improve accurate/timely reports of cases by public/private case providers, and to support local infrastructure needs.	7.65	341,000	7/1/01-6/30/02	CA Dept of Health Services	State
8	HIV Counseling & Testing	Anonymous and Confidential HIV Testing Services	3.50	824,000	7/1/01-6/30/02	CA Dept of Health Services	State
9	CARE TITLE II (Comprehensive AIDS Resouce Emergency)	Comprehensive AIDS resources and emergency disaster relief.	5.10	1,447,223	4/1/01-3/31/02	Dept. of Health Services	Federal/State
10	Early Intervention/Primary Care	Comprehensive physical exam and evaluation, lab tests, minor preventive and therapeutic services and follow-up.		790,000	7/1/01-6/30/02	Dept. of Health Services	State
11	Strengthening HIV/AIDS/STD Preventi	Conduct an evaluation of the HIV & STD Prevention program decision-making processes in the SF area, with specific attention to behavioral data.	7.63	199,997	9/30/01-3/31/02	Ctrs for Disease Ctl & Prev	Federal
12	HIV Related Applied Research (HRAR)	A scientific research project to study the characteristics of the HIV epidemic in the SF area.	2.52	136,387	9/30/01-9/29/02	Centers for Disease Ct; & Prev	Federal
13	HIV Intervention-Incarcerated Individua	To promote awareness of HIV/STD/TB/Hepatitis risk among recently-released/pre-released inmates.		2,017,469	7/1/01-6/30/02	CA Dept of Health Services	State
14	HIV Prev Trials Network Leadership	Providing Clinical-trial leadership expertise and liaison expertise to the HIV Vaccine Trials Network		396,608	9/01/01-8/31/02	Fred Hutchinson Cancer Research	Federal/Private

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13 HIV Intervention-Incarcerated Individuals | Providing Clinical-trial leadership expertise and liaison expertise to the

Dept. of Public Health-PHP
HIV/AIDS Grants

	Grant Title	Program Description	No. of FTE's	Grant Award	Budget Period	Grantor	Grant Type
15	Zimbabwe-SF HIV Prev Trials Network	To conduct a study with high-risk HIV uninfected men who have sex with men and provide local oversight and implementation of the protocol for this project.	3.05	1,111,221	7/1/01-6/30/02	University of California	Federal/Private
16	Prospective Eval. of Care Coord. in SF	Longitudinal study of the impact of care coordination services on health care access and health status among a cohort of marginally housed and homeless HIV-infected persons.	1.45	106,706	04/01/01-03/31/02	UC Universityside AIDS Research Program	Private
17	Technical Assistance & Capacity Dev.	Techinical Assistance and capacity development demostretion program for HIV/AIDS related services	1.25	1,000,000	9/30/01-9/29/02	Dept. of Health & Human Services Office of Minority Health	Federal
18	SF HIV Vaccine Clinical Trials	Planning, implementation, & analysis of Phase I-III trials & lab support; dev of community outreach, conduct Phase I,II,IIB & III HIV vaccine trials in SF; max capacity to enroll high risk	5.40	754,360	6/1/01-5/31/02	Public Health Foundation Enterprises Inc.	Federal/Private
19	Survey of Young Men Residing in Low-Income Neighborhoods	The survey of low income men will be a single-stage, cluster sample, population based, door-to-door, sectional survey designed to measure the prevalence of HIV, STD, hepatitis & related risk behavior.	5.00	65,000	7/1/01-6/30/02	CA Dept of Health Services	State
20	Estimating Unmet Need for Primary Ca	To assess unmet needs for primary care.	0.45	20,000	4/10/01-4/9/02	University of California (NIH)	Federal/Private
21	Strain Diversity & Nonprogressors	Describe and understand risk factors in HIV infection and disease progression among gay/bisexual men.	0.50	69,799	7/1/00-6/30/02	Public Health Foundation Enterprises Inc.	Federal/Private
22	Viagra Use Among Men Who Have Sex with Men In San Francisco	Project to study the use of Viagra among men who have sex with men in San Francisco	0.55	25,000	7/01/01-6/30/02	University of California	State/Private
23	Prevention for HIV Positive Persons	To develop and conduct a randomized controlled trial of medical providers to evaluate effectiveness of HIV prevention intervention training on reducing transmission risk behaviors of HIV infected patients		241,549	09/30/01-09/29/02	Regents of University of California	Federal/Private
24	HIV Care & Related Svcs. for Women & Minorities	To improve health outcomes for women and minorities by increasing access to health care and eliminating disparities in access to care.	0.70	1,105,000	9/30/01-9/29/02	Dept. of Health & Human Services Office of Minority Health	Federal
25	Collaborative Allocationn Tool	To collect & organize data on HIV prevention costs and services, participate in the cost-effectiveness modeling exercise and assist in conducting the evaluation.	0.75	72,500	9/30/01-9/29/02	University of California (CDC)	Federal/Private
	Total		173.75	59,347,725			
	**Fte's Include MOU's for city clinics						

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City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Arthur M. Jackson
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: http//www.dph.sf.ca.us

AGENDA

JOINT CONFERENCE COMMITTEE MEETING FOR POPULATION HEALTH AND PREVENTION

Tuesday, April 23, 2002
9:30 p.m. – 11:30 p.m.
AIDS PROGRAMS OFFICE
25 Van Ness, Suite #500
San Francisco, CA 94102

DOCUMENTS DEPT.

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04-18-02/1

Commissioner Harrison Parker, Sr., D.D.S., Chair
Commissioner Roma P. Guy, MSW

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF MINUTES FOR MARCH 26, 2002**
**Minutes for March 26, 2002*

3) **FOR DISCUSSION:** **SECRETARY'S REPORT**
(Jimmy Loyce, PHP Secretary)
(Description of activities and operations of the Population Health and Prevention Division)

4) **FOR DISCUSSION:** **THIRD QUARTER FINANCIAL REPORT**
(Larry Doyle, PHP Chief Financial Officer)
**Report*

5) **FOR DISCUSSION:** **EMERGENCY MEDICAL SERVICES (EMS) ANNUAL REPORT**
(Mike Petrie)
**Update*

6) **FOR DISCUSSION:** **ANNUAL HOMELESS PROGRAM UPDATE**
(Anne Kronenberg, Director of Policy and Planning)
**Update*

7) **FOR DISCUSSION:** **ANNUAL HOUSING UPDATE**
(Marc H. Trotz, Director of Housing and Urban Health)
**Update*

8) **FOR DISCUSSION:** **EMERGING ISSUES**

9) **PUBLIC COMMENTS****

10) **ADJOURNMENT**

* **Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311.**

** **Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that are within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.**

Disability Access

The Fifth Floor Conference Room at 25 Van Ness is wheelchair accessible. The closest accessible station for Muni is at the corner of Market Street and Van Ness Avenue. The closest BART station is the Civic Center Station. For information about MUNI services, call (415) 673-6864. Public parking is available at three parking lots located at the corners of Van Ness Avenue and Fell Street, Franklin and Oak Streets and Polk and Hayes Streets.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing and/or use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

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Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

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The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: **Donna_Hall@ci.sf.ca.us**.

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm**

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HEALTH COMMISSION

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MINUTES

JOINT CONFERENCE COMMITTEE MEETING FOR POPULATION HEALTH AND PREVENTION

Tuesday, April 23, 2002
9:30 a.m. – 11:30 a.m.
AIDS PROGRAMS OFFICE
25 Van Ness, Suite #330A
San Francisco, CA 94102

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MAY 23 2002

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1) CALL TO ORDER

The Population Health and Prevention Joint Conference Committee meeting was called to order by Commissioner Harrison Parker at 9:35 a.m.

Present: Commissioner Harrison Parker, Sr., D.D.S., Chair
Commissioner Roma P. Guy, MSW

Staff: Jack Breslin, Twila Brown, Daniel Davila, Larry Doyle, Lynn Fisher Ponce, Barbara Garcia, Anne Kronenberg, Michelle Long Dixon, Jimmy Loyce, Mike Petrie, Jim Soos, Marc Trotz.

2) APPROVAL OF MINUTES FOR MARCH 26, 2002

Action Taken: Commissioner Guy amended the minutes to reflect the Committee's discussion of the Overview of Health Status Report at the February 26, 2002 meeting. The report showed that there is a disparity in health status between men and women, with men having higher mortality rates. At the February meeting Commissioner Guy asked that there be a discussion of this disparity at a future Population Health and Prevention Joint Conference Committee.

The Committee approved the minutes for March 26, 2002 with Commissioner Guy's amendment.

3) SECRETARY'S REPORT

Jimmy Loyce, PHP Secretary, presented the Secretary's Report.

AIDS OFFICE

CAITC/Native American AIDS Project Update

The contract that was approved by the Health Commission on February 19, 2002 was the General Fund portion of a contract representing a program with three component parts: Case Management, Peer Advocacy, and Mental Health services. In March 2002 the Mental Health component of the program received an annual monitoring. While the Case Management and Peer Advocacy components of the program will be monitored by June 30, 2002, we believe the findings listed below under "Recommendations" are representative of current issues to be addressed by the agency.

Findings and Commendations:

- The staff reviewed all client records, as requested, and procedures were improved in order to obtain any missing documentation. A large majority of the prior recommendations have now been addressed.
- The client satisfaction survey was returned by over 40% of the clients; a weekly support group was instituted and the program developed a new client referral form for use in tracking and following referrals as a result of the survey.
- All members of the direct service staff conduct routine chart reviews and a checklist has been developed to facilitate the collection of required documentation.
- The program staff achieved the projected units of service and unduplicated clients for the period reviewed.
- The program staff is culturally representative of the target population, and is committed to providing culturally competent services and staff also provides services to clients in their homes.
- The program has a new facility in compliance with ADA regulations, is easily accessible to several mass transit lines, and is within walking distance of the Native American Health Center.

Recommendations:

Staff from CAITC/ICHO/NAAP and HIV Health Services will meet next week to discuss recommendations and timelines for administrative improvements to the program in the areas of documentation of cooperative agreements with other providers, the frequency of the quality assurance activities, and policies and procedures specific to the functioning of the NAAP health services programs.

STD Prevention and Control

1. April is STD Awareness Month in San Francisco. This year's campaign is focusing on gay and bisexual men and is focusing on health related "spring cleaning". The idea of spring-cleaning is to encourage sexually active gay and bisexual men to pay attention to their sexual health and get an STD test during the month of April. The program includes "Community Rewards" for men who

test in April. These rewards include perks and premiums from businesses in the community, such as a free cup of coffee, a discount at a bookstore and a free flower from a neighborhood florist. This project is being coordinated by a community collaborative of volunteers and outreach workers from CBOs, community merchants and businesses, the AIDS Office and the STD Program. Testing will be available nearly every day and evening of the week from a mobile health van, at the STD Clinic, at the AIDS Health Project Offices and at a neighborhood clinic, and will include syphilis testing, urine testing for GC and CT, pharyngeal and rectal GC testing and HIV testing. Two part-time outreach workers have been hired to work on this project for the next few months, in addition to regular STD, AIDS Office and community volunteers. "Spring Cleaning" posters and palm cards have been posted and widely distributed throughout the Castro area of the City as well as at bars, clubs, sex clubs and adult bookstores. Weekly ads, focusing on the syphilis increase, spring-cleaning and STDs, are also continuing to be run in the Bay Area Reporter (BAR), the largest free weekly newspaper that targets gay men in San Francisco.

2. A syphilis alert has been posted throughout the STD Clinic to call people's attention to the increase in syphilis and to get them to consider whether they may have recently been to a high-risk venue where new cases have been diagnosed.

3. Letters were sent to providers in the Brown and Toland Medical Group, a large medical practice in San Francisco, as well as to infectious disease providers at Kaiser and all HIV providers in the City notifying them about the continued increase in syphilis and urging them to: 1) perform twice annual syphilis screening of gay and bisexual men: and 2) to test patients who present with rash-like illnesses for syphilis.

4. Letters were sent to the owners and managers of the City's adults bookstores and sex clubs notifying them that new syphilis cases continue to report meeting partners at their establishments and putting them on notice that the Health Department expects them to take an active role in educating their clients about syphilis and supporting an environment conducive to safer sex. Each establishment was told that they would be expected to do the following:

 a. Provide each patron with written information about syphilis and where they could obtain screening and treatment
 b. Provide condoms and lube to each patron on entry to the Club
 c. Enforce the "no unprotected anal or vaginal intercourse" police inherent in the Operational Guidelines for Commercial Sex Establishments
 d. Increase lighting where sex occurs and increase signage promoting safer sex, syphilis education and warnings about the increase in syphilis in rest rooms, rest areas and other common areas; and
 e. Club and bookstore staff must attend a DPH training on safer sex promotion and health education

 In response to this letter, several of the sex clubs have already developed posters which are now being prominently displayed encouraging clients to be tested for syphilis. Additionally, the owner of the adult bookstores has offered to use his printing shop to print materials for clubs, bars and other venues. He has also developed awareness materials, which have been placed throughout the adult bookstores.

5. On March 21, 2002, the STD Director participated in a symposium at the 14th National HIV/AIDS Update Conference in San Francisco and presented on "STD Treatment is HIV Prevention". This was the first time STD Treatment, as HIV Prevention, was highlighted at this national meeting.

Commissioners' Comments

- Commissioner Guy asked if CAITC/ICHO/NAAP agreed with HIV Health Services' recommendations for the Native American AIDS Project (NAAP). Michelle Long Dixon replied that the Department issued a preliminary report, but had not yet met with the agency to discuss agreement or disagreement with the findings. Ms. Long Dixon said the agency has made tremendous strides. The areas of continued concerns are largely administrative. Pat Norman, Executive Director of CAITC and Joan Benoit, NAAP Program Director, were at the meeting. Ms. Norman said that the program is responding to the requests of the Department and the Commission. The agency is committed to having an active Board of Directors, and has added members. In addition, they have letters of cooperation with other agencies. Ms. Benoit said they took the Commission's concerns very seriously and have met all objectives for direct service programs. The remaining problems are administrative, which they are working to rectify. Ms. Norman added that they have requested a new contract monitor. Commissioner Guy looks forward to the outcome of the follow-up meeting, and asked that this be reported through the Secretary's report.

- Commissioner Parker asked if the Department's STD awareness program is conducted throughout the year or if it oscillates month to month. Lynn Fisher Ponce said that the program is on-going, but they have had a problem filling the positions. They still continue to get the word out, however.

4) THIRD QUARTER FINANCIAL REPORT

Larry Doyle, PHP Chief Financial Officer, presented the PHP Third Quarter Financial Report (Attachment A). The report estimates a surplus of $2.5 million for the programs that fall under PHP. The surplus comes exclusively from revenue. Operating expenses are very close to budgeted levels. Salary and fringes are estimated to have a savings of $1.1 million.

Commissioners' Comments

- Commissioner Parker asked what impact salary savings have had on services. Mr. Doyle responded that when there is not a person in a position, services do suffer. However, the salary savings are not as high as he expected, and they are getting positions filled. Mr. Doyle added that when positions are held vacant, there is a commensurate impact on revenues, which means that there are no net savings. Barbara Garcia said she is working with Monique Zmuda to expand the definition of "clinical" positions because these are the first positions filled.

- Commissioner Guy asked when the most appropriate time would be to have discussions around prioritizing positions to be filled. Ms. Garcia replied that the best time is during budget discussions.

5) EMERGENCY MEDICAL SERVICES (EMS) ANNUAL REPORT

Mike Petrie gave a verbal overview of the Emergency Medical Services Annual Report, which will be presented to the Health Commission at its May 21st meeting. The report will cover three areas: regulatory; disaster preparedness; and indicators.

Regulatory Accomplishments

- Developed a new committee structure; all stakeholders represented on the operations advisory committee
- The Plan was approved by the State in November
- $912,000 grant received to improve the trauma program
- Working on all of the paramedic agreements
- The Fire Department implemented the rapid paramedic response system. This was rolled out on a pilot basis in January, and has led to improvements
- Issuing the protocol for the aeromedical program
- Public access defibrillation has grown. There are 12 new sites, which brings the total to 32

Disaster/Bioterrorism Response

DPH is relatively well prepared. Drastic improvements have been made since September 11th. Of the 60 initiatives identified after September 11th, 58 are complete.

- Released the Level 1 Multi-Incidence Preparedness Plan
- Bioterrorism Response Team
- The entire Department worked to improve command, control and communication. The Department now has a state-of-the-art pager notification system
- Improved resiliency through drills

Indicators within EMS

- Call information is not optimal. Some calls are not coded correctly
- Hospital destination is largely unchanged. Systemwide there are 80,000 calls and 46,000 transports per year. San Francisco General Hospital received 28% of all ambulances
- Emergency room overcrowding is significantly lower than last year

Anne Kronenberg said that Mr. Petrie and the EMS System is doing a great job. The pager system is a model for other counties, as are other things that have been developed.

Commissioners' Comments

- Commissioner Guy said that emergency preparedness requires people to be self-motivated, and the Commission appreciates all the work staff has done. Expectations are high when an incident occurs, but the work and resources required are on-going.

- Commissioner Parker asked if the Department is adequately supplied with equipment, safety clothing, and are there enough defibrillators to serve the city. He is also interested in the status of the helipad and what regional planning is taking place around emergency services and disaster response. Mr. Petrie said he will address these issues during the presentation to the Commission.

6) ANNUAL HOMELESS PROGRAM UPDATE

Anne Kronenberg, Director of Policy and Planning, presented the Homeless Program update. This is the first annual report. The Department has various programs that serve the homeless community, all of which fall into various parts of the continuum of care. There are four types of programs:

Prevention – Services designed to prevent homelessness or prevent its secondary effects. Includes education, health promotion, testing and screening, adherence support and primary care.

Emergency/Front End – Services delivered in an emergency setting and/or on a short term or intermittent basis. Generally delivered for one month or less, and accessed through drop-in centers, shelters, emergency departments and urgent care settings.

Transitional Services – Services delivered for a finite period aimed at achieving greater levels of health and/or housing stability. Typically delivered for one to two months, and include detoxification, time-limited residential treatment and transitional housing.

Long Term Stabilization Services – Designed to keep newly or marginally housed individuals in stable housing. Not time limited and include outpatient treatment, supportive housing, services linked to permanent housing, rent subsidies, childcare and vocational and employment services.

Outreach services and case management services are part of each part of the continuum of care.

Commissioners' Comments

- Commissioner Guy said that this is a significant presentation and stems from the Health Commission policy that homelessness is a public health issue. Homelessness is not solved by solving homelessness, rather by solving other community problems.

- Commissioner Parker said that the homeless are more than the people we see in the streets holding signs and pushing shopping carts. DPH serves a much broader spectrum of people. He asked if any of the demographic findings surprised the Department, and has there been a change in the profile of the homeless population. Ms. Kronenberg said that veterans, seniors and youth are all growing segments of the homeless population.

7) ANNUAL HOUSING UPDATE

Marc H. Trotz, Director of Housing and Urban Health, presented the Annual Housing Update. Housing and Urban Health funds four categories of housing. Permanent housing includes direct access to housing, non-profit owned housing and tenant-based subsidies. Transitional housing is intensive on-site programs targeted to specific populations and the length of stay is from 3 to 24 months. Emergency/Stabilization provides stabilization services to medically/behaviorally complex clients while a longer-term placement is identified. The length of stay is usually up to eight weeks. Direct Medical Services are street-based medical services not directly tied to housing programs.

Mr. Trotz described the next steps for Housing and Urban Health:

1. Medi-Cal rate for supportive housing. The scope of Medi-Cal benefits must be expanded to include supportive housing.

2. Centralized access to stabilization beds
3. Creating new housing settings that are responsive to the Department's institutions.

Commissioners' Comments

- Commissioner Parker asked how much of the funding is earmarked for certain types of housing. Mr. Trotz said that the CARE funding is earmarked, but much of its funding is flexible, so can be spent on the Department's priorities. Commissioner Parker asked how the Department determines which groups of people benefit most from the services. Mr. Trotz replied that the demands from HUH services come primarily from San Francisco General Hospital, the MHRF and Laguna Honda Hospital. It is mostly single adult men. Commissioner Parker asked if there is less resistance by neighbors to the Department's residential housing. Mr. Trotz said that resistance seems to have died down.

- Commissioner Guy said that moving people from high-end, high-cost tertiary care to lower cost primary and secondary care service is key to the strategic plan. She added that when housing services are provided to single men, it can help them connect to the community and become less isolated.

8) EMERGING ISSUES

None.

9) PUBLIC COMMENTS

None.

10) ADJOURNMENT

The meeting was adjourned at 11:50 p.m.

Michele M. Olson
Executive Secretary to the Health Commission

Attachment (1)

City and County of San Francisco

Department of Public Health
POPULATION HEALTH AND PREVENTION
FISCAL OFFICE
101 Grove Street
San Francisco, CA 94102

Date: April 17, 2002

Memo to: Joint Conference Committee
Population Health and Prevention

From: Larry Doyle
Chief Financial Officer, PHP

Re: Chief Financial Officer's Report

Attached is the PHP revenue and expenditure report for the quarter ending March 31, 2002. This report estimates a surplus of $2.5 million. The surplus comes exclusively from revenues. We are anticipating a surplus of approximately $1 million in Medi-Cal from Disease Control Service, based on year-to-date data. We also anticipate receiving an additional $1.5 million in State realignment over the budget.

This fiscal year, operating expenses are very close to budgeted levels. Salary and fringes are estimated to have a savings of $1.1 million. We are anticipating deficits of $500,000 in contractual services. This anticipated deficit reflects the General Fund expenditure required by the AIDS office to offset the reduction in Ryan White funding for the current fiscal year. In addition, our Work Orders for the City Attorney and Worker's Compensation are anticipated to be over budget by approximately $600,000.

While I anticipate this projection to change somewhat in the final quarter, I believe we will finish the year in a surplus.

LD/mg

Attachments

Department of Public Health - Other PHP Programs

STATEMENT OF REVENUE AND EXPENSES

March 15, 2002

(In Thousands of Dollars)

	YEAR TO DATE					ANNUAL				
	Projection	Budget	Fav/(Unfav) Variance	% Var		Projection	Budget	Fav/(Unfav) Variance	% Var	
					NET PATIENT SERVICE REVENUE:					
1	699	631	68	10.77%	Medi-Cal Revenue	755	947	(193)	-20.32%	1
2	157	1	157	23513.75%	Medicare Revenue	157	1	156	#####	2
3	1,152	37	1,115	3041.59%	Other Patient Revenue	1,152	55	1,097	1994.39%	3
4	0	0	0	n/a	Provision for Bad debt	0	0	0	n/a	4
5	2,009	669	1,340	200.36%	TOTAL NET PATIENT SERVICE REVENUE	2,064	1,003	1,061	105.75%	5
6										6
7					OTHER OPERATING REVENUE:					7
8	0	0	0	n/a	Short Doyle (Community Mental Health Service)	0	0	0	n/a	8
9	0	0	0	n/a	Short Doyle M/Cal	0	0	0	n/a	9
10	714	590	125	21.18%	MAA/TCM	921	884	37	4.14%	10
11	0	0	0	n/a	SB855	0	0	0	n/a	11
12	0	0	0	n/a	SB1255	0	0	0	n/a	12
13	0	0	0	n/a	GME	0	0	0	n/a	13
14	0	0	0	n/a	Capitation/Managed Care Settlement	0	0	0	n/a	14
15	0	0	0	n/a	State Alcohol	0	0	0	n/a	15
16	0	0	0	n/a	Proposition 36	0	0	0	n/a	16
17	19,148	16,574	2,573	15.53%	State Realignment	26,438	24,862	1,576	6.34%	17
18	1,320	1,407	(88)	-6.24%	Prop 99 AB75	2,111	2,111	0	n/a	18
19	79	0	79	n/a	Other State (CCS and State Mandated Cost)	0	0	0	n/a	19
20	2,729	6,855	(4,126)	-60.19%	Fees/Cafeteria/Misc (includes lease income)	10,283	10,283	1	0.01%	20
21	402	1,664	(1,263)	-75.87%	Workorder Recovery	2,496	2,496	0	n/a	21
22	0	0	0	n/a	Transfer In and Project Related	0	0	0	n/a	22
23	2,803	2,803	0	n/a	Carryforward	4,204	4,204	0	n/a	23
24	27,194	29,893	(2,700)	-9.03%	TOTAL OTHER OPERATING REVENUE	46,454	44,840	1,614	3.60%	24
25										25
26	29,203	30,562	(1,360)	-4.45%	TOTAL OPERATING REVENUE	48,518	45,843	2,674	5.83%	26
27										27
28					OPERATING EXPENSES:					28
29	17,391	18,152	760	4.19%	Personnel Services	28,249	29,178	929	3.18%	29
30	4,032	4,217	185	4.39%	Mandatory Fringe Benefits	6,580	6,776	196	2.89%	30
31	17,506	16,995	(511)	-3.01%	Non-personal Services	25,986	25,493	(493)	-1.93%	31
32	1,984	2,030	46	2.29%	Materials and Supplies	3,245	3,045	(200)	-6.57%	32
33	13	176	163	92.78%	Facilities Maint. & Capital Outlay	263	263	-0	n/a	33
34	5,432	3,991	(1,441)	-36.10%	Services of Other Departments (workorders)	6,585	5,986	(599)	-10.01%	34
35	0	0	0	n/a	Operating Transfer Out	0	0	0	n/a	35
36	0	0	0	n/a	Intrafund Transfer	0	0	0	n/a	36
37	0	0	0	n/a	Projects	0	0	0	n/a	37
38	46,358	45,561	(797)	-1.75%	TOTAL OPERATING EXPENSES	70,908	70,741	(167)	-0.24%	38
39										39
40	(17,155)	(14,998)	(2,157)	14.38%	OPERATING INCOME/(LOSS)	(22,390)	(24,898)	2,507	-10.07%	40
41										41
42					NON-OPERATING REVENUE:					42
43	16,665	16,665	0	n/a	General Fund	24,998	24,998	0	n/a	43
44	16,665	16,665	0	n/a	TOTAL NON-OPERATING REVENUE	24,998	24,998	0	n/a	44
45										45
46	(490)	1,667	(2,157)	-129.42%	NET INCOME/(LOSS)	2,607	100	2,507	#####	46

Attachment A

Department of Public Health - Central Admin

STATEMENT OF REVENUE AND EXPENSES

March 15, 2002

(In Thousands of Dollars)

	YEAR TO DATE					ANNUAL				
	Projection	Budget	Fav/(Unfav) Variance	% Var		Projection	Budget	Fav/(Unfav) Variance	% Var	
					NET PATIENT SERVICE REVENUE:					
1	0	0	0	n/a	Medi-Cal Revenue	0	0	0	n/a	1
2	0	0	0	n/a	Medicare Revenue	0	0	0	n/a	2
3	0	0	0	n/a	Other Patient Revenue	0	0	0	n/a	3
4	0	0	0	n/a	Provision for Bad debt	0	0	0	n/a	4
5	0	0	0	n/a	TOTAL NET PATIENT SERVICE REVENUE	0	0	0	n/a	5
6										6
7					OTHER OPERATING REVENUE:					7
8	0	0	0	n/a	Short Doyle (Community Mental Health Service)	0	0	0	n/a	8
9	0	0	0	n/a	Short Doyle M/Cal	0	0	0	n/a	9
10	544	437	107	24.51%	MAA/TCM	655	655	0	n/a	10
11	0	0	0	n/a	SB855	0	0	0	n/a	11
12	0	0	0	n/a	SB1255	0	0	0	n/a	12
13	0	0	0	n/a	GME	0	0	0	n/a	13
14	0	0	0	n/a	Capitation/Managed Care Settlement.	0	0	0	n/a	14
15	0	0	0	n/a	State Alcohol	0	0	0	n/a	15
16	0	0	0	n/a	Proposition 36	0	0	0	n/a	16
17	5,558	4,354	1,205	27.67%	State Realignment	8,107	6,531	1,576	24.14%	17
18	0	0	0	n/a	Prop 99 AB75	0	0	0	n/a	18
19	0	0	0	n/a	Other State (CCS and State Mandated Cost)	0	0	0	n/a	19
20	36	26	11	40.56%	Fees/Cafeteria/Misc (includes lease income)	39	39	0	n/a	20
21	99	189	(91)	-47.91%	Workorder Recovery	284	284	0	n/a	21
22	0	0	0	n/a	Transfer In and Project Related	0	0	0	n/a	22
23	902	902	0	n/a	Carryforward	1,353	1,353	0	n/a	23
24	7,140	5,908	1,231	20.84%	TOTAL OTHER OPERATING REVENUE	10,439	8,862	1,576	17.79%	24
25										25
26	7,140	5,908	1,231	20.84%	TOTAL OPERATING REVENUE	10,439	8,862	1,576	17.79%	26
27										27
28					OPERATING EXPENSES:					28
29	3,852	4,255	402	9.45%	Personnel Services	6,274	6,382	108	1.69%	29
30	843	951	109	11.43%	Mandatory Fringe Benefits	1,383	1,427	44	3.09%	30
31	6,801	6,345	(456)	-7.19%	Non-personal Services	9,517	9,517	0	n/a	31
32	662	484	(178)	-36.88%	Materials and Supplies	926	726	(200)	-27.56%	32
33	0	113	113	100.00%	Facilities Maint. & Capital Outlay	170	170	0	n/a	33
34	1,697	1,245	(452)	-36.33%	Services of Other Departments (workorders)	2,236	1,867	(370)	-19.80%	34
35	0	0	0	n/a	Operating Transfer Out	0	0	0	n/a	35
36	0	0	0	n/a	Intrafund Transfer	0	0	0	n/a	36
37	0	0	0	n/a	Projects	0	0	0	n/a	37
38	13,855	13,392	(462)	-3.45%	TOTAL OPERATING EXPENSES	20,506	20,089	(418)	-2.08%	38
39										39
40	(6,715)	(7,484)	769	-10.27%	OPERATING INCOME/(LOSS)	(10,068)	(11,226)	1,159	-10.32%	40
41										41
42					NON-OPERATING REVENUE:					42
43	7,551	7,551	0	n/a	General Fund	11,326	11,326	0	n/a	43
44	7,551	7,551	0	n/a	TOTAL NON-OPERATING REVENUE	11,326	11,326	0	n/a	44
45										45
46	836	67	769	1153.35%	NET INCOME/(LOSS)	1,259	100	1,159	#####	46

Department of Public Health - CHS ADMIN

STATEMENT OF REVENUE AND EXPENSES

March 15, 2002

(In Thousands of Dollars)

	YEAR TO DATE					ANNUAL				
	Projection	Budget	Fav/(Unfav) Variance	% Var		Projection	Budget	Fav/(Unfav) Variance	% Var	
					NET PATIENT SERVICE REVENUE:					
1	0	0	0	n/a	Medi-Cal Revenue	0	0	0	n/a	1
2	0	0	0	n/a	Medicare Revenue	0	0	0	n/a	2
3	0	0	0	n/a	Other Patient Revenue	0	0	0	n/a	3
4	0	0	0	n/a	Provision for Bad debt	0	0	0	n/a	4
5	0	0	0	n/a	TOTAL NET PATIENT SERVICE REVENUE	0	0	0	n/a	5
6										6
7					OTHER OPERATING REVENUE:					7
8	0	0	0	n/a	Short Doyle (Community Mental Health Service)	0	0	0	n/a	8
9	0	0	0	n/a	Short Doyle M/Cal	0	0	0	n/a	9
10	89	45	44	97.39%	MAA/TCM	89	68	21	31.59%	10
11	0	0	0	n/a	SB855	0	0	0	n/a	11
12	0	0	0	n/a	SB1255	0	0	0	n/a	12
13	0	0	0	n/a	GME	0	0	0	n/a	13
14	0	0	0	n/a	Capitation/Managed Care Settlement	0	0	0	n/a	14
15	0	0	0	n/a	State Alcohal	0	0	0	n/a	15
16	0	0	0	n/a	Proposition 36	0	0	0	n/a	16
17	13,589	12,220	1,369	11.20%	State Realignment	18,331	18,331	0	n/a	17
18	1,320	1,407	(88)	-6.24%	Prop 99 AB75	2,111	2,111	0	n/a	18
19	79	0	79	n/a	Other State (CCS and State Mandated Cost)	0	0	0	n/a	19
20	87	664	(577)	-86.89%	Fees/Cafeteria/Misc (Includes lease income)	996	996	0	n/a	20
21	56	160	(104)	-64.79%	Workarder Recovery	240	240	0	n/a	21
22	0	0	0	n/a	Transfer In and Project Related	0	0	0	n/a	22
23	1,136	1,136	0	n/a	Carryforward	1,704	1,704	0	n/a	23
24	16,356	15,633	722	4.62%	TOTAL OTHER OPERATING REVENUE	23,471	23,450	21	0.09%	24
25										25
26	16,356	15,633	722	4.62%	TOTAL OPERATING REVENUE	23,471	23,450	21	0.09%	26
27										27
28					OPERATING EXPENSES:					28
29	3,144	3,275	131	4.00%	Personnel Services	4,863	4,913	50	1.02%	29
30	736	794	58	7.32%	Mandatory Fringe Benefits	1,154	1,191	36	3.06%	30
31	4,137	3,743	(394)	-10.51%	Non-personal Services	5,615	5,615	0	n/a	31
32	107	140	33	23.44%	Materials and Supplies	210	210	0	n/a	32
33	0	17	17	100.00%	Facilities Maint. & Capital Outlay	25	25	0	n/a	33
34	1,893	1,367	(526)	-38.50%	Services of Other Departments (workorders)	2,292	2,051	(242)	-11.79%	34
35	0	0	0	n/a	Operating Transfer Out	0	0	0	n/a	35
36	0	0	0	n/a	Intrafund Transfer	0	0	0	n/a	36
37	0	0	0	n/a	Projects	0	0	0	n/a	37
38	10,018	9,336	(681)	-7.30%	TOTAL OPERATING EXPENSES	14,160	14,004	(155)	-1.11%	38
39										39
40	6,338	6,297	41	0.65%	OPERATING INCOME/(LOSS)	9,312	9,446	(134)	-1.42%	40
41										41
42					NON-OPERATING REVENUE:					42
43	(6,297)	(6,297)	0	n/a	General Fund	(9,446)	(9,446)	0	n/a	43
44	(6,297)	(6,297)	0	n/a	TOTAL NON-OPERATING REVENUE	(9,446)	(9,446)	0	n/a	44
45										45
46	41	(0)	41	######	NET INCOME/(LOSS)	(134)	(0)	(134)	######	46

Department of Public Health - BEHM

STATEMENT OF REVENUE AND EXPENSES

March 15, 2002

(In Thousands of Dollars)

	YEAR TO DATE					ANNUAL				
	Projection	Budget	Fav/(Unfav) Variance	% Var		Projection	Budget	Fav/(Unfav) Variance	% Var	
					NET PATIENT SERVICE REVENUE:					
1	0	0	0	n/a	Medi-Cal Revenue	0	0	0	n/a	1
2	0	0	0	n/a	Medicare Revenue	0	0	0	n/a	2
3	0	0	0	n/a	Other Patient Revenue	0	0	0	n/a	3
4	0	0	0	n/a	Provision for Bad debt	0	0	0	n/a	4
5	0	0	0	n/a	TOTAL NET PATIENT SERVICE REVENUE	0	0	0	n/a	5
6										6
7					OTHER OPERATING REVENUE:					7
8	0	0	0	n/a	Short Doyle (Community Mental Health Service)	0	0	0	n/a	8
9	0	0	0	n/a	Short Doyle M/Cal	0	0	0	n/a	9
10	0	0	0	n/a	MAA/TCM	0	0	0	n/a	10
11	0	0	0	n/a	SB855	0	0	0	n/a	11
12	0	0	0	n/a	SB1255	0	0	0	n/a	12
13	0	0	0	n/a	GME	0	0	0	n/a	13
14	0	0	0	n/a	Capitation/Managed Care Settlement	0	0	0	n/a	14
15	0	0	0	n/a	State Alcohol	0	0	0	n/a	15
16	0	0	0	n/a	Proposition 36	0	0	0	n/a	16
17	0	0	0	n/a	State Realignment	0	0	0	n/a	17
18	0	0	0	n/a	Prop 99 AB75	0	0	0	n/a	18
19	0	0	0	n/a	Other State (CCS and State Mandated Cost)	0	0	0	n/a	19
20	3,122	4,659	(1,537)	-32.99%	Fees/Cafeteria/Misc (includes lease income)	6,989	6,989	0	n/a	20
21	222	964	(742)	-76.99%	Workorder Recovery	1,446	1,446	0	n/a	21
22	0	0	0	n/a	Transfer In and Project Related	0	0	0	n/a	22
23	38	38	0	n/a	Carryforward	57	57	0	n/a	23
24	3,382	5,661	(2,279)	-40.26%	TOTAL OTHER OPERATING REVENUE	8,492	8,492	0	n/a	24
25										25
26	3,382	5,661	(2,279)	-40.26%	TOTAL OPERATING REVENUE	8,492	8,492	0	n/a	26
27										27
28					OPERATING EXPENSES:					28
29	4,047	4,571	524	11.46%	Personnel Services	6,560	6,857	297	4.32%	29
30	936	1,004	68	6.79%	Mandatory Fringe Benefits	1,512	1,506	(6)	-0.43%	30
31	858	905	48	5.26%	Non-personal Services	1,358	1,358	0	n/a	31
32	127	155	28	18.15%	Materials and Supplies	232	232	0	n/a	32
33	0	0	0	n/a	Facilities Maint. & Capital Outlay	0	0	0	n/a	33
34	430	304	(126)	-41.50%	Services of Other Departments (workorders)	451	456	5	1.07%	34
35	0	0	0	n/a	Operating Transfer Out	0	0	0	n/a	35
36	0	0	0	n/a	Intrafund Transfer	0	0	0	n/a	36
37	0	0	0	n/a	Projects	0	0	0	n/a	37
38	6,397	6,939	542	7.81%	TOTAL OPERATING EXPENSES	10,114	10,409	295	2.83%	38
39										39
40	(3,015)	(1,278)	(1,737)	135.95%	OPERATING INCOME/(LOSS)	(1,622)	(1,917)	295	-15.39%	40
41										41
42					NON-OPERATING REVENUE:					42
43	1,278	1,278	0	n/a	General Fund	1,917	1,917	0	n/a	43
44	1,278	1,278	0	n/a	TOTAL NON-OPERATING REVENUE	1,917	1,917	0	n/a	44
45										45
46	(1,737)	0	(1,737)	n/a	NET INCOME/(LOSS)	295	0	295	######	46

Department of Public Health - OSH

STATEMENT OF REVENUE AND EXPENSES

March 15, 2002

(In Thousands of Dollars)

	YEAR TO DATE					ANNUAL				
	Projection	Budget	Fav/(Unfav) Variance	% Var		Projection	Budget	Fav/(Unfav) Variance	% Var	
					NET PATIENT SERVICE REVENUE:					
1	0	0	0	n/a	Medi-Cal Revenue	0	0	0	n/a	1
2	0	0	0	n/a	Medicare Revenue	0	0	0	n/a	2
3	0	0	0	n/a	Other Patient Revenue	0	0	0	n/a	3
4	0	0	0	n/a	Provision for Bad debt	0	0	0	n/a	4
5	0	0	0	n/a	TOTAL NET PATIENT SERVICE REVENUE	0	0	0	n/a	5
6										6
7					OTHER OPERATING REVENUE:					7
8	0	0	0	n/a	Short Doyle (Community Mental Health Service)	0	0	0	n/a	8
9	0	0	0	n/a	Short Doyle M/Cal	0	0	0	n/a	9
10	0	0	0	n/a	MAA/TCM	0	0	0	n/a	10
11	0	0	0	n/a	SB855	0	0	0	n/a	11
12	0	0	0	n/a	SB1255	0	0	0	n/a	12
13	0	0	0	n/a	GME	0	0	0	n/a	13
14	0	0	0	n/a	Capitation/Managed Care Settlement	0	0	0	n/a	14
15	0	0	0	n/a	State Alcohol	0	0	0	n/a	15
16	0	0	0	n/a	Proposition 36	0	0	0	n/a	16
17	0	0	0	n/a	State Realignment	0	0	0	n/a	17
18	0	0	0	n/a	Prop 99 AB75	0	0	0	n/a	18
19	0	0	0	n/a	Other State (CCS and State Mandated Cost)	0	0	0	n/a	19
20	0	0	0	n/a	Fees/Cafeteria/Misc (includes lease income)	0	0	0	n/a	20
21	0	249	(249)	-100.00%	Workorder Recovery	373	373	0	n/a	21
22	0	0	0	n/a	Transfer In and Project Related	0	0	0	n/a	22
23	3	3	0	n/a	Carryforward	5	5	0	n/a	23
24	3	252	(249)	-98.66%	TOTAL OTHER OPERATING REVENUE	378	378	0	n/a	24
25										25
26	3	252	(249)	-98.66%	TOTAL OPERATING REVENUE	378	378	0	n/a	26
27										27
28					OPERATING EXPENSES:					28
29	502	709	207	29.21%	Personnel Services	961	1,064	103	9.67%	29
30	105	158	53	33.64%	Mandatory Fringe Benefits	207	237	30	12.64%	30
31	15	79	65	81.55%	Non-personal Services	119	119	0	n/a	31
32	23	28	5	17.75%	Materials and Supplies	42	42	0	n/a	32
33	0	0	0	n/a	Facilities Maint. & Capital Outlay	0	0	0	n/a	33
34	9	7	(2)	-29.56%	Services of Other Departments (workorders)	10	10	0	n/a	34
35	0	0	0	n/a	Operating Transfer Out	0	0	0	n/a	35
36	0	0	0	n/a	Intrafund Transfer	0	0	0	n/a	36
37	0	0	0	n/a	Projects	0	0	0	n/a	37
38	653	981	328	33.41%	TOTAL OPERATING EXPENSES	1,339	1,471	133	9.03%	38
39										39
40	(650)	(729)	79	-10.84%	OPERATING INCOME/(LOSS)	(960)	(1,093)	133	-12.15%	40
41										41
42					NON-OPERATING REVENUE:					42
43	729	729	0	n/a	General Fund	1,093	1,093	0	n/a	43
44	729	729	0	n/a	TOTAL NON-OPERATING REVENUE	1,093	1,093	0	n/a	44
45										45
46	79	0	79	n/a	NET INCOME/(LOSS)	133	0	133	n/a	46

Department of Public Health - AIDS

STATEMENT OF REVENUE AND EXPENSES

March 15, 2002

(In Thousands of Dollars)

	YEAR TO DATE					ANNUAL				
	Projection	Budget	Fav/(Unfav) Variance	% Var		Projection	Budget	Fav/(Unfav) Variance	% Var	
					NET PATIENT SERVICE REVENUE:					
1	0	0	0	n/a	Medi-Cal Revenue	0	0	0	n/a	1
2	0	0	0	n/a	Medicare Revenue	0	0	0	n/a	2
3	0	0	0	n/a	Other Patient Revenue	0	0	0	n/a	3
4	0	0	0	n/a	Provision for Bad debt	0	0	0	n/a	4
5	0	0	0	n/a	TOTAL NET PATIENT SERVICE REVENUE	0	0	0	n/a	5
6										6
7					OTHER OPERATING REVENUE:					7
8	0	0	0	n/a	Short Doyle (Community Mental Health Service)	0	0	0	n/a	8
9	0	0	0	n/a	Short Doyle M/Cal	0	0	0	n/a	9
10	42	79	(37)	-47.02%	MAA/TCM	119	119	0	n/a	10
11	0	0	0	n/a	SB855	0	0	0	n/a	11
12	0	0	0	n/a	SB1255	0	0	0	n/a	12
13	0	0	0	n/a	GME	0	0	0	n/a	13
14	0	0	0	n/a	Capitation/Managed Care Settlement	0	0	0	n/a	14
15	0	0	0	n/a	State Alcohol	0	0	0	n/a	15
16	0	0	0	n/a	Proposition 36	0	0	0	n/a	16
17	0	0	0	n/a	State Realignment	0	0	0	n/a	17
18	0	0	0	n/a	Prop 99 AB75	0	0	0	n/a	18
19	0	0	0	n/a	Other State (CCS and State Mandated Cost)	0	0	0	n/a	19
20	260	540	(280)	-51.81%	Fees/Cafeteria/Misc (includes lease income)	810	810	0	n/a	20
21	0	0	0	n/a	Workorder Recovery	0	0	0	n/a	21
22	0	0	0	n/a	Transfer In and Project Related	0	0	0	n/a	22
23	438	438	0	n/a	Carryforward	657	657	0	n/a	23
24	740	1,057	(317)	-29.99%	TOTAL OTHER OPERATING REVENUE	1,586	1,586	0	n/a	24
25										25
26	740	1,057	(317)	-29.99%	TOTAL OPERATING REVENUE	1,586	1,586	0	n/a	26
27										27
28					OPERATING EXPENSES:					28
29	698	1,086	388	35.75%	Personnel Services	1,199	1,630	430	26.40%	29
30	162	263	101	38.46%	Mandatory Fringe Benefits	276	394	118	29.92%	30
31	4,891	4,803	(88)	-1.84%	Non-personal Services	7,758	7,205	(553)	-7.68%	31
32	98	140	42	30.22%	Materials and Supplies	210	210	0	n/a	32
33	0	0	0	n/a	Facilities Maint. & Capital Outlay	0	0	0	n/a	33
34	763	608	(155)	-25.51%	Services of Other Departments (workorders)	912	912	0	n/a	34
35	0	0	0	n/a	Operating Transfer Out	0	0	0	n/a	35
36	0	0	0	n/a	Intrafund Transfer	0	0	0	n/a	36
37	0	0	0	n/a	Projects	0	0	0	n/a	37
38	6,612	6,900	288	4.18%	TOTAL OPERATING EXPENSES	10,355	10,350	(5)	-0.05%	38
39										39
40	(5,871)	(5,843)	(29)	0.49%	OPERATING INCOME/(LOSS)	(8,769)	(8,764)	(5)	0.06%	40
41										41
42					NON-OPERATING REVENUE:					42
43	5,843	5,843	0	n/a	General Fund	8,764	8,764	0	n/a	43
44	5,843	5,843	0	n/a	TOTAL NON-OPERATING REVENUE	8,764	8,764	0	n/a	44
45										45
46	(29)	0	(29)	n/a	NET INCOME/(LOSS)	(5)	0	(5)	n/a	46

Department of Public Health - Disease Control

STATEMENT OF REVENUE AND EXPENSES

March 15, 2002

(In Thousands of Dollars)

	YEAR TO DATE					ANNUAL				
	Projection	Budget	Fav/(Unfav) Variance	% Var		Projection	Budget	Fav/(Unfav) Variance	% Var	
					NET PATIENT SERVICE REVENUE:					
1	699	631	68	10.77%	Medi-Cal Revenue	755	947	(193)	-20.32%	1
2	157	1	157	23513.75%	Medicare Revenue	157	1	156	#####	2
3	1,152	37	1,115	3041.59%	Other Patient Revenue	1,152	55	1,097	1994.39%	3
4	0	0	0	n/a	Provision for Bad debt	0	0	0	n/a	4
5	2,009	669	1,340	200.36%	TOTAL NET PATIENT SERVICE REVENUE	2,064	1,003	1,061	105.75%	5
6										6
7					OTHER OPERATING REVENUE:					7
8	0	0	0	n/a	Short Doyle (Community Mental Health Service)	0	0	0	n/a	8
9	0	0	0	n/a	Short Doyle M/Cal	0	0	0	n/a	9
10	40	16	23	143.51%	MAA/TCM	40	24	15	62.34%	10
11	0	0	0	n/a	SB855	0	0	0	n/a	11
12	0	0	0	n/a	SB1255	0	0	0	n/a	12
13	0	0	0	n/a	GME	0	0	0	n/a	13
14	0	0	0	n/a	Capitation/Managed Care Settlement	0	0	0	n/a	14
15	0	0	0	n/a	State Alcohol	0	0	0	n/a	15
16	0	0	0	n/a	Proposition 36	0	0	0	n/a	16
17	0	0	0	n/a	State Realignment	0	0	0	n/a	17
18	0	0	0	n/a	Prop 99 AB75	0	0	0	n/a	18
19	0	0	0	n/a	Other State (CCS and State Mandated Cost)	0	0	0	n/a	19
20	(784)	958	(1,743)	-181.87%	Fees/Cafeteria/Misc (Includes lease income)	1,437	1,437	0	n/a	20
21	0	0	0	n/a	Workorder Recovery	0	0	0	n/a	21
22	0	0	0	n/a	Transfer In and Project Related	0	0	0	n/a	22
23	223	223	0	n/a	Carryforward	334	334	0	n/a	23
24	(522)	1,197	(1,719)	-143.58%	TOTAL OTHER OPERATING REVENUE	1,812	1,796	15	0.85%	24
25										25
26	1,487	1,866	(379)	-20.33%	TOTAL OPERATING REVENUE	3,876	2,799	1,076	38.44%	26
27										27
28					OPERATING EXPENSES:					28
29	3,962	4,289	327	7.61%	Personnel Services	6,476	6,433	(42)	-0.66%	29
30	979	1,049	71	6.74%	Mandatory Fringe Benefits	1,601	1,574	(27)	-1.74%	30
31	509	713	204	28.56%	Non-personal Services	1,070	1,070	0	n/a	31
32	916	1,007	91	9.08%	Materials and Supplies	1,511	1,511	0	n/a	32
33	13	46	33	72.21%	Facilities Maint. & Capital Outlay	68	68	0	n/a	33
34	364	261	(103)	-39.40%	Services of Other Departments (workorders)	384	392	8	1.92%	34
35	0	0	0	n/a	Operating Transfer Out	0	0	0	n/a	35
36	0	0	0	n/a	Intrafund Transfer	0	0	0	n/a	36
37	0	0	0	n/a	Projects	0	0	0	n/a	37
38	6,743	7,365	622	8.45%	TOTAL OPERATING EXPENSES	11,110	11,048	(62)	-0.56%	38
39										39
40	(5,256)	(5,499)	243	-4.42%	OPERATING INCOME/(LOSS)	(7,235)	(8,248)	1,014	-12.29%	40
41										41
42					NON-OPERATING REVENUE:					42
43	5,499	5,499	0	n/a	General Fund	8,248	8,248	0	n/a	43
44	5,499	5,499	0	n/a	TOTAL NON-OPERATING REVENUE	8,248	8,248	0	n/a	44
45										45
46	243	0	243	######	NET INCOME/(LOSS)	1,014	0	1,014	#####	46

Department of Public Health - Health Education

STATEMENT OF REVENUE AND EXPENSES

March 15, 2002

(In Thousands of Dollars)

	YEAR TO DATE					ANNUAL				
	Projection	Budget	Fav/(Unfav) Variance	% Var		Projection	Budget	Fav/(Unfav) Variance	% Var	
					NET PATIENT SERVICE REVENUE:					
1	0	0	0	n/a	Medi-Cal Revenue	0	0	0	n/a	1
2	0	0	0	n/a	Medicare Revenue	0	0	0	n/a	2
3	0	0	0	n/a	Other Patient Revenue	0	0	0	n/a	3
4	0	0	0	n/a	Provision for Bad debt	0	0	0	n/a	4
5	0	0	0	n/a	TOTAL NET PATIENT SERVICE REVENUE	0	0	0	n/a	5
6										6
7					OTHER OPERATING REVENUE:					7
8	0	0	0	n/a	Short Doyle (Community Mental Health Service)	0	0	0	n/a	8
9	0	0	0	n/a	Short Doyle M/Cal	0	0	0	n/a	9
10	0	12	(12)	-100.00%	MAA/TCM	18	18	0	n/a	10
11	0	0	0	n/a	SB855	0	0	0	n/a	11
12	0	0	0	n/a	SB1255	0	0	0	n/a	12
13	0	0	0	n/a	GME	0	0	0	n/a	13
14	0	0	0	n/a	Capitation/Managed Care Settlement	0	0	0	n/a	14
15	0	0	0	n/a	State Alcohol	0	0	0	n/a	15
16	0	0	0	n/a	Proposition 36	0	0	0	n/a	16
17	0	0	0	n/a	State Realignment	0	0	0	n/a	17
18	0	0	0	n/a	Prop 99 AB75	0	0	0	n/a	18
19	0	0	0	n/a	Other State (CCS and State Mandated Cost)	0	0	0	n/a	19
20	1	0	1	n/a	Fees/Cafeteria/Misc (includes lease income)	1	0	1	n/a	20
21	0	37	(37)	-100.00%	Workorder Recovery	56	56	0	n/a	21
22	0	0	0	n/a	Transfer In and Project Related	0	0	0	n/a	22
23	16	16	0	n/a	Carryforward	24	24	0	n/a	23
24	16	65	(49)	-75.02%	TOTAL OTHER OPERATING REVENUE	99	98	1	0.63%	24
25										25
26	16	65	(49)	-75.02%	TOTAL OPERATING REVENUE	99	98	1	0.63%	26
27										27
28					OPERATING EXPENSES:					28
29	497	562	65	11.50%	Personnel Services	779	843	63	7.49%	29
30	119	134	14	10.59%	Mandatory Fringe Benefits	186	200	14	7.12%	30
31	111	172	61	35.45%	Non-personal Services	198	258	60	23.24%	31
32	30	44	14	31.68%	Materials and Supplies	66	66	0	n/a	32
33	0	0	0	n/a	Facilities Maint. & Capital Outlay	0	0	0	n/a	33
34	142	97	(44)	-45.29%	Services of Other Departments (workorders)	146	146	0	n/a	34
35	0	0	0	n/a	Operating Transfer Out	0	0	0	n/a	35
36	0	0	0	n/a	Intrafund Transfer	0	0	0	n/a	36
37	0	0	0	n/a	Projects	0	0	0	n/a	37
38	899	1,009	110	10.87%	TOTAL OPERATING EXPENSES	1,376	1,514	137	9.08%	38
39										39
40	(883)	(944)	61	-6.41%	OPERATING INCOME/(LOSS)	(1,277)	(1,415)	138	-9.75%	40
41										41
42					NON-OPERATING REVENUE:					42
43	944	944	0	n/a	General Fund	1,415	1,415	0	n/a	43
44	944	944	0	n/a	TOTAL NON-OPERATING REVENUE	1,415	1,415	0	n/a	44
45										45
46	61	0	61	n/a	NET INCOME/(LOSS)	138	0	138	n/a	46

Department of Public Health - EMSA

STATEMENT OF REVENUE AND EXPENSES

March 15, 2002

(In Thousands of Dollars)

	YEAR TO DATE					ANNUAL				
	Projection	Budget	Fav/(Unfav) Variance	% Var		Projection	Budget	Fav/(Unfav) Variance	% Var	
					NET PATIENT SERVICE REVENUE:					
1	0	0	0	n/a	Medi-Cal Revenue	0	0	0	n/a	1
2	0	0	0	n/a	Medicare Revenue	0	0	0	n/a	2
3	0	0	0	n/a	Other Patient Revenue	0	0	0	n/a	3
4	0	0	0	n/a	Provision for Bad debt	0	0	0	n/a	4
5	0	0	0	n/a	TOTAL NET PATIENT SERVICE REVENUE	0	0	0	n/a	5
6										6
7					OTHER OPERATING REVENUE:					7
8	0	0	0	n/a	Short Doyle (Community Mental Health Service)	0	0	0	n/a	8
9	0	0	0	n/a	Short Doyle M/Cal	0	0	0	n/a	9
10	0	0	0	n/a	MAA/TCM	0	0	0	n/a	10
11	0	0	0	n/a	SB855	0	0	0	n/a	11
12	0	0	0	n/a	SB1255	0	0	0	n/a	12
13	0	0	0	n/a	GME	0	0	0	n/a	13
14	0	0	0	n/a	Capitation/Managed Care Settlement	0	0	0	n/a	14
15	0	0	0	n/a	State Alcohol	0	0	0	n/a	15
16	0	0	0	n/a	Proposition 36	0	0	0	n/a	16
17	0	0	0	n/a	State Realignment	0	0	0	n/a	17
18	0	0	0	n/a	Prop 99 AB75	0	0	0	n/a	18
19	0	0	0	n/a	Other State (CCS and State Mandated Cost)	0	0	0	n/a	19
20	7	7	(0)	-2.11%	Fees/Cafeteria/Misc (includes lease income)	11	11	0	n/a	20
21	0	0	0	n/a	Workorder Recovery	0	0	0	n/a	21
22	0	0	0	n/a	Transfer In and Project Related	0	0	0	n/a	22
23	44	44	0	n/a	Carryforward	66	66	0	n/a	23
24	51	51	(0)	-0.30%	TOTAL OTHER OPERATING REVENUE	77	77	0	n/a	24
25										25
26	51	51	(0)	-0.30%	TOTAL OPERATING REVENUE	77	77	0	n/a	26
27										27
28					OPERATING EXPENSES:					28
29	506	475	(31)	-6.50%	Personnel Services	789	712	(77)	-10.76%	29
30	108	106	(2)	-1.65%	Mandatory Fringe Benefits	172	160	(12)	-7.60%	30
31	57	156	99	63.72%	Non-personal Services	234	234	0	n/a	31
32	13	25	11	45.58%	Materials and Supplies	37	37	0	n/a	32
33	0	0	0	n/a	Facilities Maint. & Capital Outlay	0	0	0	n/a	33
34	132	98	(34)	-34.40%	Services of Other Departments (workorders)	147	147	0	n/a	34
35	0	0	0	n/a	Operating Transfer Out	0	0	0	n/a	35
36	0	0	0	n/a	Intrafund Transfer	0	0	0	n/a	36
37	0	0	0	n/a	Projects	0	0	0	n/a	37
38	816	860	44	5.17%	TOTAL OPERATING EXPENSES	1,379	1,290	(89)	-6.88%	38
39										39
40	(764)	(809)	44	-5.48%	OPERATING INCOME/(LOSS)	(1,302)	(1,213)	(89)	7.32%	40
41										41
42					NON-OPERATING REVENUE:					42
43	809	809	0	n/a	General Fund	1,213	1,213	0	n/a	43
44	809	809	0	n/a	TOTAL NON-OPERATING REVENUE	1,213	1,213	0	n/a	44
45										45
46	44	0	44	n/a	NET INCOME/(LOSS)	(89)	0	(89)	n/a	46

Department of Public Health - EAP

STATEMENT OF REVENUE AND EXPENSES

March 15, 2002

(In Thousands of Dollars)

	YEAR TO DATE					ANNUAL				
	Projection	Budget	Fav/(Unfav) Variance	% Var		Projection	Budget	Fav/(Unfav) Variance	% Var	
					NET PATIENT SERVICE REVENUE:					
1	0	0	0	n/a	Medi-Cal Revenue	0	0	0	n/a	1
2	0	0	0	n/a	Medicare Revenue	0	0	0	n/a	2
3	0	0	0	n/a	Other Patient Revenue	0	0	0	n/a	3
4	0	0	0	n/a	Provision for Bad debt	0	0	0	n/a	4
5	0	0	0	n/a	TOTAL NET PATIENT SERVICE REVENUE	0	0	0	n/a	5
6										6
7					OTHER OPERATING REVENUE:					7
8	0	0	0	n/a	Short Doyle (Community Mental Health Service)	0	0	0	n/a	8
9	0	0	0	n/a	Short Doyle M/Cal	0	0	0	n/a	9
10	0	0	0	n/a	MAA/TCM	0	0	0	n/a	10
11	0	0	0	n/a	SB855	0	0	0	n/a	11
12	0	0	0	n/a	SB1255	0	0	0	n/a	12
13	0	0	0	n/a	GME	0	0	0	n/a	13
14	0	0	0	n/a	Capitation/Managed Care Settlement	0	0	0	n/a	14
15	0	0	0	n/a	State Alcohol	0	0	0	n/a	15
16	0	0	0	n/a	Proposition 36	0	0	0	n/a	16
17	0	0	0	n/a	State Realignment	0	0	0	n/a	17
18	0	0	0	n/a	Prop 99 AB75	0	0	0	n/a	18
19	0	0	0	n/a	Other State (CCS and State Mandated Cost)	0	0	0	n/a	19
20	0	0	0	n/a	Fees/Cafeteria/Misc (includes lease income)	0	0	0	n/a	20
21	25	65	(40)	-61.80%	Workorder Recovery	97	97	0	n/a	21
22	0	0	0	n/a	Transfer In and Project Related	0	0	0	n/a	22
23	2	2	0	n/a	Carryforward	4	4	0	n/a	23
24	27	67	(40)	-59.55%	TOTAL OTHER OPERATING REVENUE	101	101	0	n/a	24
25										25
26	27	67	(40)	-59.55%	TOTAL OPERATING REVENUE	101	101	0	n/a	26
27										27
28					OPERATING EXPENSES:					28
29	182	229	47	20.65%	Personnel Services	346	344	(3)	-0.78%	29
30	46	59	13	21.90%	Mandatory Fringe Benefits	89	88	(1)	-0.76%	30
31	127	78	(50)	-63.85%	Non-personal Services	117	117	0	n/a	31
32	8	8	0	0.85%	Materials and Supplies	12	12	0	n/a	32
33	0	0	0	n/a	Facilities Maint. & Capital Outlay	0	0	0	n/a	33
34	2	4	2	38.50%	Services of Other Departments (workorders)	6	6	0	n/a	34
35	0	0	0	n/a	Operating Transfer Out	0	0	0	n/a	35
36	0	0	0	n/a	Intrafund Transfer	0	0	0	n/a	36
37	0	0	0	n/a	Projects	0	0	0	n/a	37
38	365	377	12	3.20%	TOTAL OPERATING EXPENSES	569	566	(3)	-0.59%	38
39										39
40	(338)	(310)	(28)	8.99%	OPERATING INCOME/(LOSS)	(469)	(465)	(3)	0.72%	40
41										41
42					NON-OPERATING REVENUE:					42
43	310	310	0	n/a	General Fund	465	465	0	n/a	43
44	310	310	0	n/a	TOTAL NON-OPERATING REVENUE	465	465	0	n/a	44
45										45
46	(28)	0	(28)	n/a	NET INCOME/(LOSS)	(3)	0	(3)	n/a	46

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

0.457
28/02

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Arthur M. Jackson
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
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Web Site: http//www.dph.sf.ca.us

AGENDA

JOINT CONFERENCE COMMITTEE MEETING FOR POPULATION HEALTH AND PREVENTION

Tuesday, May 28, 2002
9:30 a.m. – 11:30 a.m.
AIDS PROGRAMS OFFICE
25 Van Ness, Suite #500
San Francisco, CA 94102

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Commissioner Harrison Parker, Sr., D.D.S., Chair
Commissioner Roma P. Guy, MSW

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF MINUTES FOR APRIL 23, 2002**
**Minutes for April 23, 2002*

3) **FOR DISCUSSION:** **SECRETARY'S REPORT**
(Jimmy Loyce, PHP Secretary)
(Description of activities and operations of the Population Health and Prevention Division)

4) **FOR DISCUSSION:** **FINANCE REPORT: OVERVIEW OF THE BUREAU OF ENVIRONMENTAL HEALTH MANAGEMENT**
(Larry Doyle, PHP Chief Financial Officer)
**Report*

5) **FOR DISCUSSION:** **MATERNAL AND CHILD HEALTH UPDATE**
(Mildred Crear, Director)
**Update*

6) EMERGING ISSUES

7) PUBLIC COMMENTS**

8) ADJOURNMENT

* **Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311.**

** **Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that are within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.**

Disability Access

The Fifth Floor Conference Room at 25 Van Ness is wheelchair accessible. The closest accessible station for Muni is at the corner of Market Street and Van Ness Avenue. The closest BART station is the Civic Center Station. For information about MUNI services, call (415) 673-6864. Public parking is available at three parking lots located at the corners of Van Ness Avenue and Fell Street, Franklin and Oak Streets and Polk and Hayes Streets.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing and/or use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: **Donna_Hall@ci.sf.ca.us**.

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Vice President

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Commissioner

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Harrison Parker, Sr., D.D.S.
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HEALTH COMMISSION

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MINUTES

JOINT CONFERENCE COMMITTEE MEETING FOR POPULATION HEALTH AND PREVENTION

Tuesday, May 28, 2002
9:30 a.m. – 11:30 a.m.
AIDS PROGRAMS OFFICE
25 Van Ness, Suite #500
San Francisco, CA 94102

DOCUMENTS DEPT.

JUN 21 2002

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1) CALL TO ORDER

The Population Health and Prevention Joint Conference Committee meeting was called to order by Commissioner Harrison Parker at 9:40 a.m.

Present: Commissioner Harrison Parker, Sr., D.D.S., Chair
Commissioner Roma P. Guy, MSW

Staff: Rob Bannon, Rajiv Bhatia, Mildred Crear, Larry Doyle, Patricia Evans, M.D., Lynn Fisher Ponce, Jim Gillen, Jimmy Loyce.

2) APPROVAL OF MINUTES FOR APRIL 23, 2002

Action Taken: The Committee approved the minutes of the April 23, 2002 meeting.

3) SECRETARY'S REPORT

Jimmy Loyce, Deputy Director of Health for AIDS Programs, presented the Secretary's Report.

AIDS Office

The Congressional Black Caucus is requiring that HRSA follow the intent of the money for minority agencies infrastructure and capacity building. The Commission may be aware that DPH (as did other eligible cities) placed these dollars in minority agencies to build service capacity. PHP will no longer be able to continue the practice. DPH is in negotiations with HRSA to create a transition period.

Community Health Programs

STD Prevention Efforts

Outreach staff from the STD Program is now providing health education information at the door of the Mack and Power Exchange Sex Clubs on a weekly basis (Friday and Saturday from 9:00 p.m. – 2:00 a.m.). STD Staff has also ensured that condoms are available at a number of bars serving MSMs (The Powerhouse, My Place and the Loading Dock). Posters emphasizing syphilis detection and prevention and access to health services have been posted at these bars as well as a number of adult bookstores.

In May 2002, the STD Program reinstituted its Internet prevention efforts through biweekly chats on gay.com. More than 100 subscribers logged onto the first chat which was hosted by Dr. Klausner, the STD Director and an STD clinician. Also in May, gay.com began posting STD banners in selected chat rooms. The banners focus on the increase in syphilis in the City and allow people to click onto the STD Program website.

STD Prevention Campaign Receives National Attention

An article was featured in the May 12, 2002 edition of the Washington Post, entitled "San Francisco Grapples With Falling Sense of AIDS Perils". The article highlighted the STD Awareness Month "Spring Cleaning" campaign and the growing concern about the increase in anonymous sex among MSMs in the City.

Chlamydia Reduction Project

The West Hunter's Point Chlamydia Reduction Project was implemented in May 2002. The goal of the project is to screen 2,500 African American youth and young adults, ages 14-25 for chlamydia, since rates of chlamydia in San Francisco are highest among African Americans in this age group. The three-month project is a collaborative between the Providence Foundation, the Health Department and youth serving agencies in the Bayview area of the City. The Foundation is hiring outreach workers to publicize the project and to motivate at-risk youth and young adults to get tested for chlamydia. The Health Department is training the outreach staff and providing the tests, lab services and staff to assist with follow-up for test results and treatment. The youth serving agencies are providing STD awareness and assisting in recruiting youth for screening.

Renewed Funding for Childhood Asthma Initiative

The California Children and Families Commission has renewed funding for the Childhood Asthma Initiative for two more years. Funding of $456,434 will fund years three and four of the initiative, which serves children with asthma in the 0-4 age group who are often underdiagnosed and undertreated. The grant involves community-based interventions as well as clinical quality improvement and patient education. The grant also focuses on parent advocacy and housing issues affecting children with asthma.

Commissioners' Comments

- Commissioner Guy, commenting on childhood asthma, said that she has heard anecdotally that mothers bring their children to the emergency room a number of times before a diagnosis is made. She asked if there is a focus on primary intervention. She expressed concern about the normalization of asthma in certain communities. Mildred Crear said she would follow up on these concerns and evaluate what kind of liaison San Francisco General Hospital Emergency Department has with Primary Care to get these children the care they need.

- Commissioner Parker asked what would happen after the three-month chlamydia project is over. Ms. Fisher Ponce replied that the project, which is funded through the DuPont grant, would end. Staff is working with the Providence Foundation to try to get funding to continue the program. Commissioner Parker asked how the program's effectiveness would be evaluated. Ms. Fisher Ponce said there would be a follow-up report. Commissioner Guy asked that this report be presented to the Population Health and Prevention Joint Conference Committee at a future meeting.

4) FINANCE REPORT: OVERVIEW OF THE BUREAU OF ENVIRONMENTAL HEALTH MANAGEMENT

Larry Doyle, PHP Chief Financial Officer, presented the Finance Report (Attachment A). Environmental Health has a total budget of $11.7 million. Of this amount, departmental revenues contribute $7 million, work orders produce an additional $1.6 million, grants contribute $642,000, special revenues account for $591,000 and the City and County General Fund amount is $1.9 million. Over the past few years Environmental Health has continually increased its departmental revenues by increasing its work force efficiency and its charges for services provided. In doing so, reliance on General Fund contribution has been significantly reduced and this trend continues.

Commissioners' Comments

- Commissioner Guy asked what percentage of Environmental Health Services is preventive in nature. Jim Gillen, financial analyst from Environmental Health, said the Department considers many of its services prevention, from hazardous waste and hazardous materials management to restaurant inspections. Commissioner Guy said that they could do more to quantify their outcomes, for example could set benchmarks for the number of food poisonings and compare results from year to year. She realizes that this is difficult but invites the dialogue at the Joint Conference Committee. Rajiv Bhatia said that the financial report demonstrates that Environmental Services if meeting the goal of being cost efficient and doing more with less money. Their goal is to improve the living conditions that support health and they consider this prevention from a broad, quality of life, sustainability perspective. Dr. Bhatia discussed Health Impact Assessments. He also said that staff is working to plot environmental health activities—program by program—along a prevention framework. Commissioner Guy asked the best way to keep this discussion alive. Dr. Bhatia said that the Strategic Plan has been very useful. Commissioner Guy said that she wants to see concrete goals and outcomes for all the Department's prevention activities, and a delineation of all the prevention strategies, planning, evaluation and mapping. Someone will have to staff this effort. Mr. Loyce will raise this issue at Director's Cabinet.

- Commissioner Parker said that PHP needs a framework so PHP can see how these programs relate to prevention. PHP needs an evaluation model, which he feels is the weak link in prevention. And PHP needs to determine what the standards are. The Department needs to state more often the specific outcomes they want to achieve during a specific time period, even if progress is incremental. Commissioner Parker asked if the housing work orders include SROs and shelters. Dr. Bhatia replied that the housing work order with the Department of Human Services (DHS) is specifically for inspections of DHS and DPH Direct Access to Housing SROs. Environmental Health also inspects other SROs on a complaint basis. Staff is working with the SRO Task Force to expand SRO complaint services. Commissioner Parker, referring to an article in the newspaper about restaurant inspections, said that it seems that restaurant proprietors are given a lot of leeway in terms of addressing infractions. Dr. Bhatia said staff tries to work with people to make change, rather than being heavy handed. When they find a serious issue, they will shut the facility down. For other violations they will cite and reinspect to make sure the violation has been corrected. He would like to continue with this approach.

5) MATERNAL AND CHILD HEALTH UPDATE

Mildred Crear and Pat Evans, M.D., presented the Maternal and Child Health Update. Ms. Crear said that staff found they needed to improve customer services to the established a quality assurance and assessment unit. A variety of brochures were developed, including the Bay Area Health Card and the Maternal and Child Health brochure, copies of which were distributed to the committee.

MCH has four goals:

1. All Children are born healthy to healthy mothers.
2. No health status disparities among racial/ethnic, gender, economic and regional groups.
3. A safe and healthy environment for women, children and their families.
4. Equal access for all women, children and their families to appropriate and needed care within an integrated and seamless system.

The MCH Programs are:

- Children's Medical Services – includes California Children Services (CCS) and CHDP
- Family Planning/HIV Services
- Maternal and Child Health – includes Black Infant Health, Child Care, Comprehensive Perinatal Services, Fetal and Infant Mortality Review, Perinatal Outreach and Education, Hospital Liaison and Prenatal Care Coordinator.
- Nutrition Services – Includes the "Feeling Good" Project and Women, Infant and Children's (WIC) program.

Projects for 2002-2003 include: dental project; home visiting; perinatal substance abuse; homeless prenatal and family services; and the childcare project. Ms. Crear said that they provide dental health education and have school-based sealant program in 17 elementary school.

Dr. Patricia Evans discussed the findings in the Maternal and Child Health Report Card. Dr. Evans said that the report card looks at six key health indicators based on the Healthy People 2000 objectives. MCH has done exceptionally well with teen births. However, they have not met the objective for rates of low birth weight babies.

Commissioners' Comments

- Commissioner Parker asked if there was a common cause among ethnicities for low birth weight babies. Dr. Evans said that certain groups, including Japanese, Chinese and Caucasians, have a low incidence of low birth weight babies. Filipinas have a high incidence.

- Commissioner Guy asked if there is best-practice literature on racial disparities in birth weight. Ms. Crear said that no one has done research that entails in-depth interviews with the women who have had low birth weight babies. This is the type of research Dr. Evans would like to undertake. There has been research on medical factors, but not environmental and psychosocial factors.

6) EMERGING ISSUES

None.

7) PUBLIC COMMENTS

None.

8) ADJOURNMENT

The meeting was adjourned at 11:55 a.m.

Michele M. Olson
Executive Secretary to
the Health Commission

Attachment (1)

City and County of San Francisco

Department of Public Health
POPULATION HEALTH AND PREVENTION
FISCAL OFFICE
101 Grove Street
San Francisco, CA 94102

Date: May 20, 2002

Memo to: Joint Conference Committee
Population Health and Prevention

From: Larry Doyle
Chief Financial Officer, PHP

Re: Financial Overview – Environmental Health

It is my pleasure to present to you a financial overview of Environmental Health Services. The intent of this report is to give the conference an idea of the breadth and scope of services delivered from a financial perspective. I have attached a schedule, which lists their grants, work orders, special revenues and contracts.

Environmental Health has a total budget of $11.7 million. Of this amount, departmental revenues contribute $7 million, work orders produce an additional $1.6 million, grants contribute $642,000, special revenues account for $591,000 and the City and County general fund amount is $1.9 million. The general fund contribution is 16% of the total budget. In this fiscal year, Environmental Health has 111 budgeted positions, 87 are paid through general fund, 12 through special revenue funds, 8 by work orders, and 5 are grant funded.

Environmental Health is predominantly a civil service unit. The contracts, which are enumerated on the enclosed schedule, total only $709,000 and are eight in number. Also included on the worksheet are four grants totaling $642,000 for which Environmental Health maintains administrative responsibility.

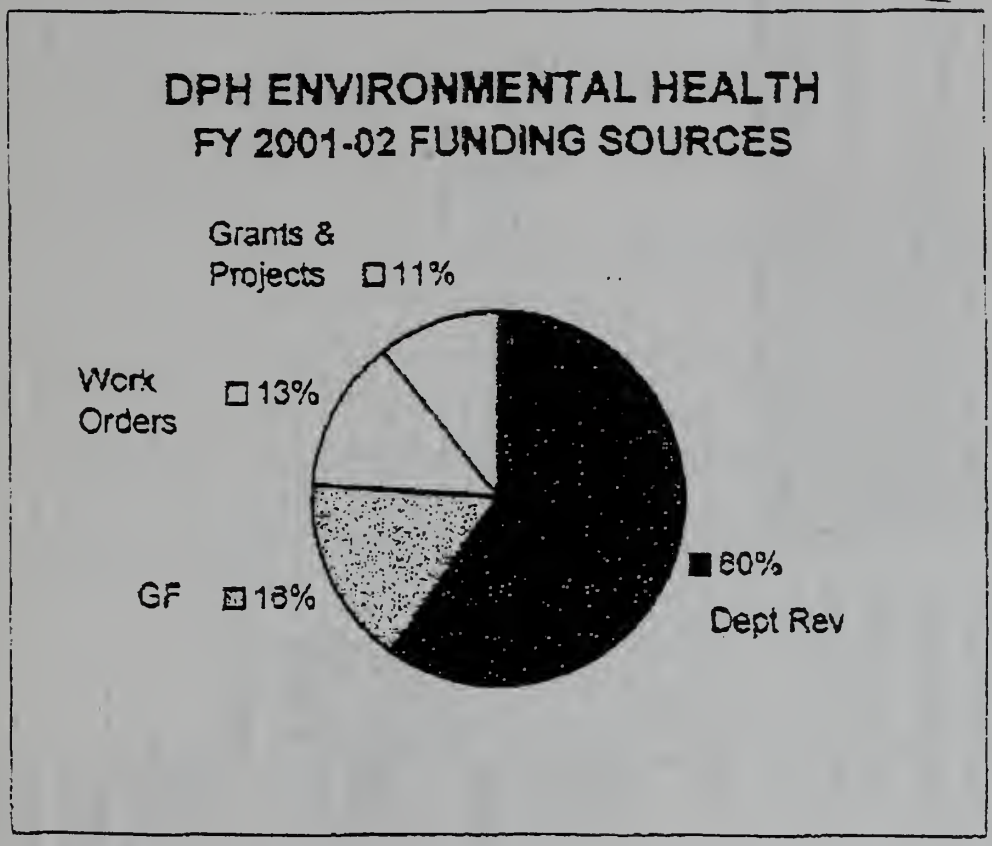
Environmental Health is also funded by various city agencies through work orders. The preponderance of the work orders relate to hazardous waste. The attached listing gives a further breakout of the agencies involved, type of work requested and amount.

In addition, Environmental Health administers two special revenue accounts totaling $591,000 for refuse liens and mandatory refuse.

Over the past few years, under the leadership of Dr. Rajiv Bhatia, Environmental Health has continually increased its departmental revenues by increasing its work force efficiency and its charges for services provided. In doing so, reliance on general fund contribution has been significantly reduced and this trend continues.

LD/mg

Attachments



Dept'l Rev	$6,988,781
GF	1,916,917
Work Orders	1,569,888
Grants/Proj	1,233,109
Total	$11,708,675

Recap of Environmental Health
FIscal Year 2001-2002

GRANTS		AMOUNT	PERIOD	GRANTOR
Local Oversight Program		516,500	7/1/01 - 6/30/02	State Water Resources Control Board Local oversight of cleanup activities at leaking underground storage tank sites
Enforcement Assistance		22,000	6/30/01 - 6/30/02	California Integrated Waste Management Board Solid Waste Facilities Permit and Inspection Program
Oil Spill Prevention & Planning		5,000	1/1/02 - 12/31/02	California Department of Fish and Game Input in development of SF Bay/San Joaquin Delta Area contingency plan for oil spills
S. F. Healthy Homes for Healthy Airways		98,399	11/1/00 - 10/30/02	U.S. Environmental Protection Agency (EPA) Evaluate effectiveness and sustainability of in-home environmental education and empowerment interventions that are designed to assist adults and children with asthma and their families to identify and reduce indoor environmental asthma triggers
	GRANTS TOTAL	641,899		

WORK ORDER BUDGETS		DEPARTMENT
Public Services W/O Budget	50,000	Public Works
Asbestos W/O Budget	30,740	Public Works
Housing W/O Budget	236,323	Human Services
Water W/O Budget	126,567	Public Utilities
Hazardous Waste W/O Budget	1,126,258	Various
WORK ORDER TOTALS	1,569,888	

SPECIAL REVENUE ACCOUNTS		
Refuse Lien	394,260	
Mandatory Refuse	196,950	
SPECIAL REVENUES TOTALS	591,210	

BUDGET TOTALS:	
General Fund Expenditures	8,905,678
Grant Budget Expenditures	641,899
Work Order Budget Expenditures	1,569,888
Special Revenue Budget Expenditures	591,210
TOTAL EXPENDITURES	11,708,675
General Fund Revenues	6,988,761
Grant Revenues	641,899
Work Order Revenues	1,569,888
Special Revenues	591,210
TOTAL REVENUES	9,791,758

Attachment A
Page 3 of 4

General Fund Contribution		1,916,917	
% General Fund		16.37%	
CONTRACTS			
CONTRACTOR	CONTRACT TITLE	AMOUNT	PERIOD
Decade Software	ENVISION Software Maintenance and Licensing	60,000	7/1/01 - 6/30/02
Dillard Environmental	Hazardous Waste Collection and Disposal Services	191,000	4/1/00 - 7/1/02
Industrial Emergency Council	Hazardous Materials Training for SF Public Safety Officers	25,000	1/1/02 - 12/31/02
Omni Micrographics	File Scanning, Burning and Storage Services	46,326	5/1/01 - 6/30/03
Pestec	Rodent Control Services	100,000	7/1/01 6/30/02
Regents UC	Randomized Trial of Tapwater Treatment in HIV+ Persons	49,979	4/1/01 - 6/30/02
Romic Environmental	Hazardous Waste Collection and Disposal Services	200,000	7/1/00 - 6/30/02
SF Foundation	Administrative services for Food Policy Council	36,657	1/14/02 - 6/30/02
	TOTAL CONTRACTS	708,962	

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

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6/25/02

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AGENDA

JOINT CONFERENCE COMMITTEE MEETING FOR POPULATION HEALTH AND PREVENTION

Tuesday, June 25, 2002
9:30 a.m. – 11:30 a.m.
AIDS PROGRAMS OFFICE
25 Van Ness, Suite #500
San Francisco, CA 94102

DOCUMENTS DEPT.

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Commissioner Harrison Parker, Sr., D.D.S., Chair
Commissioner Roma P. Guy, MSW

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF MINUTES FOR MAY 28, 2002**
**Minutes for May 28, 2002*

3) **FOR DISCUSSION:** **SECRETARY'S REPORT**
(Jimmy Loyce, PHP Secretary)
(Description of activities and operations of the Population Health and Prevention Division)

4) **FOR DISCUSSION:** **STD PREVENTION AND CONTROL UPDATE**
(Jeff Klausner, M.D.)
**Update*

5) **EMERGING ISSUES**

6) **PUBLIC COMMENTS****

7) ADJOURNMENT

* **Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311.**

** **Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that are within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.**

Disability Access

The Fifth Floor Conference Room at 25 Van Ness is wheelchair accessible. The closest accessible station for Muni is at the corner of Market Street and Van Ness Avenue. The closest BART station is the Civic Center Station. For information about MUNI services, call (415) 673-6864. Public parking is available at three parking lots located at the corners of Van Ness Avenue and Fell Street, Franklin and Oak Streets and Polk and Hayes Streets.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

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Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

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5/02

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MINUTES

JOINT CONFERENCE COMMITTEE MEETING FOR POPULATION HEALTH AND PREVENTION

Tuesday, June 25, 2002
9:30 a.m. – 11:30 a.m.
AIDS PROGRAMS OFFICE
25 Van Ness, Suite #500
San Francisco, CA 94102

DOCUMENTS DEPT.

JUL 16 2002

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1) CALL TO ORDER

The Population Health and Prevention Joint Conference Committee meeting was called to order by Commissioner Harrison Parker at 9:40 a.m.

Present: Commissioner Harrison Parker, Sr., D.D.S., Chair
Commissioner Roma P. Guy, MSW

Staff: Twila Brown, Barbara Garcia, Jeff Klausner, M.D., Jimmy Loyce

2) APPROVAL OF MINUTES FOR MAY 28, 2002

Action Taken: The Committee approved the minutes of the May 28, 2002 Population Health and Prevention Joint Conference Committee meeting.

3) SECRETARY'S REPORT

Jimmy Loyce, PHP Secretary, presented the Secretary's Report.

Community Health Programs
STD Program Health Education Efforts
On May 22, 2002, the STD Program outreach staff began distributing general health information as well as condoms and lube in front of Gold's Gym, a very popular MSM venue.

Presentation of STD Data and Trends

On May 29, 2002 Larry Hanbrook, the STD Program MSM Liaison, was the guest speaker at the Stop AI Quarterly General Volunteer Meeting. Larry spent about an hour going over the most current data and tre in STD rates in San Francisco, the relationship between STDs and HIV, and the current syphilis outbreak.

Mr. Loyce added that his staff is performing analysis of unspent FY 2001-02 CARE dollars. He thinks they will have a significant amount of carry-forward funds, which will allow them to fill the hole that exists due to the reduced HRSA allocation. Need approval from HRSA to carry forward. This will be allocated according to priorities established by the CARE Council, and looking at agencies that were cut.

Commissioners' Comments

- Commissioner Guy asked for an update on the Black Coalition on AIDS contract. Mr. Loyce said that the executive director Duane Poe is leaving the Black Coalition on AIDS (BCOA). There is a 6-month transition period during which the Board of Directors and Mr. Poe will define what type of agency they are going to be. The agency's greatest strength is housing services, though still interested in case management and prevention services. This will come back to the Joint Conference Committee in the next six months. Commissioner Guy also requested a follow up report at the next Joint Conference Committee meeting on the CAITC/Native American AIDS Project contract, to see how the agency is responding to the management recommendations. She also asked Mr. Loyce to get her information about how much of the Health At Home AIDS contract is from the general fund. She said that non-profit organizations are vulnerable due to ever decreasing funds, and the Department needs to establish relationships not only with agency executive directors but also the Board members.

- Commissioner Parker asked for a follow up to the Director's Cabinet discussion about prevention. Barbara Garcia and Jimmy Loyce said there was discussion around the fact that there is already a lot of information available, and now it needs to be formatted in a way that responds to the Population Health and Prevention Joint Conference Committee. Ginger Smyly, Rajiv Bhatia, Mitch Katz, Mr. Loyce and Ms. Garcia will continue work on this. One of the first steps is to develop a consensus of what the prevention framework is. In a few months there will be a presentation to the Joint Conference Committee, and have all the players at that meeting.

4) STD PREVENTION AND CONTROL UPDATE

Jeff Klausner, M.D., presented an update on the STD Prevention and Control Section's efforts to combat syphilis. This report is a follow up to a previous Joint Conference Committee during which then-member Commissioner Chow asked for a more detailed report.

Historically syphilis has been a public health problem in San Francisco and many believe that the syphilis epidemic in the 70s and early 80s fueled the early HIV epidemic. Dr. Klausner said that part of his focus has been to use STD control as an HIV prevention tool.

There has recently been an increase in syphilis in San Francisco. Last year there were 185 early (acquired in the past year) cases of syphilis from an all time low in 1998. They expect more than 400 early cases in 2002. The good news is that the number of new cases of women is at an all time low, and there are only sporadic cases. This success indicates that syphilis eradication can work.

Traditional syphilis control has been based on partner notification and treating and tracking partners. This approach had been extremely effective. However in San Francisco 92 percent of total cases reported anonymous sexual partners and this has stymied the efforts. So the Department has moved toward venue notification, because while people cannot name their partners, they know where they

had the sexual contact. The Department is attempting to bring venue owners in as partners, and give the venues the tools they need to reduce risk. That said, Mr. Klausner is not that optimistic that this strategy is working.

Goals

Decrease the number of early syphilis cases in MSM in San Francisco

- Increase community awareness
- Increase testing frequency
- Increase symptom recognition
- Increase early treatment – the emphasis has been more on secondary prevention—treatment—rather than primary prevention

Key Interventions

- Enhanced Surveillance – increased case-finding, prevalence monitoring and behavioral surveillance.
- Expand clinical and laboratory services – increased screening and treatment capacity at City Clinic; enhanced targeted preventive therapy; provider awareness, education, guidelines for screening and treatment; group, venue and street-based screening with NHOW and sex clubs; deployment of federal staff (beginning in May four federal case investigators are working in San Francisco).
- Increased health promotion – social marketing; coalition development. Dr. Klausner said that it is challenging to work with the venues. Their agenda is different, primarily that they are profitable businesses. Steamworks in Berkeley has 3,000-5,000 clients per week. The Department has had recent successes with some Internet sites. In addition Mike Shriver has convened key community leader meetings to talk about addressing this issue. This was the first time a community group has agreed to do something about syphilis.

Evaluation

- Process evaluations – media usage, outreach contacts, numbers screened, City Clinic visits
- Impact evaluations – syphilis prevention monitoring, clinic and street surveys, and number of early syphilis cases.

Adverse Programmatic Impact

- Migration of resources and staff from chlamydia control programs for adolescents and young adults.
- Under service in adult detention facilities. Only screening about 1/3 of the patients they would like to screen.
- Unable to do routine quality assurance activities at laboratories, STD screening sites, clinics.
- Delay of new initiatives like herpes prevention and anal cancer prevention
- Changes in community relationships

Commissioners' Comments

- Commissioner Guy asked what the trends were in HIV and STD infections. Dr. Klausner said that the number of AIDS cases would continue to go down. However, the 2001 consensus meeting estimated the number of new HIV infections at 750-900 new cases per year. Commissioner Guy commented that many people do not have the perspective that HIV is a STD and that efforts to combat one impacts the other. Dr. Klausner said that the ultimate impact of STD control would be to reduce the number of HIV infections. Commissioner Guy asked if the Sheriff is cooperative with testing in the jails. Dr. Klausner said the Sheriff has been helpful, but that there are some issues with Jail Health Services line staff. She asked why the prevention strategy is successful with women and not with men. Dr. Klausner responded that they have a

different relationship with the healthcare system—prenatal care screening, primary care screening. In addition there is a different social dynamic in that the heterosexual community is much more likely to know their partners. Commissioner Guy noted the fact that women interface more easily with the primary care structure than men do. This context is important and we are working to address the problems differently and structurally, not to stigmatize a certain group of people. Commissioner Guy asked if there is citywide awareness that HIV prevention is part of our STD prevention program. Dr. Klausner said they have been working for better intervention over the past few years but cannot attain good integration until there is organizational integration. There is a STD representative on the HIV Prevention Council. Commissioner Guy said we should try to surface this issue at the Health Commission level. Finally, Commissioner Guy acknowledged Dr. Klausner for taking the heat about his work on this important issue.

- Commissioner Parker asked if there is a test that can show how long a person has been infected. Dr. Klausner replied that there is a detuning test that will show if a person has been infected in the last six months. Commissioner Parker asked how we approach the jail inmates on STD testing. Dr. Klausner said that if they are diagnosed in jail they are treated. A small percentage is released prior to treatment and investigators follow up with these people post release. Dr. Klausner said the jails have high levels of gonorrhea and chlamydia. Because of jail screening, rates of STD in Bayview Hunters Point have decreased. Commissioner Parker said that the miracles of medicine have neutralized peoples' fears. This interferes with health education and promotion efforts. Need to think at people's level. Need to retrain department leaders to think more intregratively and less about turf. Commissioner Parker asked how he would grade the Department and what level of funding would be adequate. Dr. Klausner replied that more could certainly be done. Not enough money is spent on STD prevention and $20 million would be a more adequate budget.

Ms. Garcia and Ms. Brown expressed frustration that syphilis is an epidemic but the Department does not have the flexibility to respond to it. They are also concerned that only one third of jail inmates are screened when there is such a high yield.

Dr. Klausner asked for clarification from the Commissioners about how to handle the venues. Right now they are working with the venues and asking them to comply with health education. But there is no formal relationship and no routinized monitoring. Ten years ago there were higher expectations of the venues to comply in order to continue doing business. This has eroded. As the epidemic continues the Commission may want to revisit this.

5) EMERGING ISSUES

None.

6) PUBLIC COMMENTS

None.

7) ADJOURNMENT

The meeting was adjourned at 11:25 a.m.

Michele M. Olson
Executive Secretary to the Health Commission

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Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Arthur M. Jackson
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: http//www.dph.sf.ca.us

AGENDA

JOINT CONFERENCE COMMITTEE MEETING FOR POPULATION HEALTH AND PREVENTION

Tuesday, July 23, 2002
9:30 a.m. – 11:30 a.m.
AIDS PROGRAMS OFFICE
25 Van Ness, Suite #500
San Francisco, CA 94102

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Commissioner Harrison Parker, Sr., D.D.S., Chair
Commissioner Roma P. Guy, MSW

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF MINUTES FOR JUNE 25, 2002**
**Minutes for June 25, 2002*

3) **FOR DISCUSSION:** **SECRETARY'S REPORT**
(Jimmy Loyce, PHP Secretary)
(Description of activities and operations of the Population Health and Prevention Division)

4) **FOR DISCUSSION:** **FINANCE REPORT: UPDATE ON THE FISCAL YEAR 2002-03 BUDGET**
(Gregg Sass, CHN Chief Finance Officer)
**Update*

5) **FOR DISCUSSION:** **PRESENTATION ON THE ADOLESCENT HEALTH WORK PLAN**
(Iman Nazeeri-Simmons, Adolescent Health Coordinator)
**Update*

6) EMERGING ISSUES

7) PUBLIC COMMENTS**

8) ADJOURNMENT

* **Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311.**

** **Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that are within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.**

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MINUTES

JOINT CONFERENCE COMMITTEE MEETING FOR POPULATION HEALTH AND PREVENTION

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AIDS PROGRAMS OFFICE
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San Francisco, CA 94102

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1) CALL TO ORDER

The meeting was called to order by Commissioner Harrison Parker at 9:35 a.m.

Present: Commissioner Harrison Parker, Sr., D.D.S., Chair
Commissioner Roma P. Guy, MSW

Staff: Rob Bannon, Rajiv Bhatia, Mildred Crear, Patricia Evans, M.D., Lyn Fisher Ponce, Barbara Garcia, Jimmy Loyce, Gregg Sass, Iman Nazeeri-Simmons, Ginger Smyly, Steven Tierney.

2) APPROVAL OF MINUTES FOR JUNE 25, 2002

Action Taken: The Committee approved the minutes of the June 25, 2002 Joint Conference Committee meeting.

3) SECRETARY'S REPORT

Jimmy Loyce, PHP Secretary, presented the Secretary's Report. Mr. Loyce informed the committee that the staff report for the CAITC contract was only completed the day before, and the agency had not had a chance to review it. He would like to present this at the next Joint Conference Committee.

AIDS Office

CAITC/Native American AIDS Project
Michelle Dixon will provide an update on the contract.

Health At Home AIDS contract
James Loyce, Jr. provided a handout and answered questions.

Community Health Programs

Suicide Prevention Workgroup
The Mental Health Children, Youth and Family Section convened a Suicide Prevention Workgroup at the request of the Board of the Supervisors in response to the recent tragedy and suicide by a San Francisco high school student. The workgroup is charged with reviewing the various factors leading to suicide in young people as well as reviewing the existing protocol for suicide intervention and prevention among city departments, and public and private agencies. In addition, the committee will be making recommendations to the Board on ways to address current gaps in services.

Conference on Lesbian Health and Wellness
The 2nd Annual Conference on Lesbian Health & Wellness, 'Healthy Choices for Lesbians', was held Saturday, June 29, 2002. The conference marks the beginning of a three-year collaborative process between researchers and lesbian communities. María Cora, Coordinator of our Office of Women and Girl's Health, co-presented one of the keynote speeches on "Multiple Marginalization: Health Disparities of Lesbians of Color."

STD Program's Continuing Response to Increased Syphilis Cases
Syphilis cases continue to rise in the City. As of July 8, 2002, 224 cases had been reported for the year as compared to 189 for all of last year. If cases continue at this rate, the STD Program estimates that over 400 cases will be reported in 2002.

On June 24, 2002, a letter was sent to all Emergency Department Directors in San Francisco notifying them about the increase in syphilis in San Francisco. The letter asked them to screen all high-risk persons for syphilis, gave instructions for how to report cases to the Health Department and provided contact information for an STD Program clinician to call if they had questions regarding syphilis.

Beginning in July, the STD Program began visiting private physicians in the City about the syphilis increase. Providers were given copies of the new CDC Treatment Guidelines, copies of reporting regulations and given the opportunity to ask questions about diagnosis, treatment and counseling of STDs.

Through a contract with Internet Sexuality Information Services (ISIS), the STD Program has begun live STD chats on Gay.com. More than 100 subscribers logged onto the first chat that was hosted by Dr. Klausner, the STD Director and an STD clinician. Other Internet outreach efforts include advertising on Cyber Socket (a print and on-line magazine targeting MSMs) and Gay.com. The banner ads, one of which had 10,000 clickthroughs in the first month, are focusing on the increase in syphilis in the City and allow people to click directly into the STD Program website. ISIS will be doing on-line surveys to field test future banners. ISIS plans to add STD banners, chats, etc. to different Internet sites each month to make STD information as available as possible to the largest target audience and is currently in negotiations with Craig's List and with SFM4M4SEX.

Safe Sex Pamphlet

A pamphlet called "Reading This Could Save Your Ass" was included in the Pride Edition of the Bay Area Reporter. The pamphlet was developed by the STD Program in collaboration with the AIDS Office and several other community-based organizations and with free services by San Francisco graphic artists and photographers. The pamphlet contains information about STDs, HIV and enteric infections, and provides information on health resources in the City. The overriding message of the pamphlet is to stay healthy, stay safe and have fun.

Mr. Loyce added that DPH funds HIV prevention programs in both San Quentin and Chowchilla Women's prisons. He visited San Quentin last month and will visit Chowchilla in August. Inmates are oriented on the risks of HIV transmission, and there are case management services aimed at people who will be released back to San Francisco.

Commissioners' Comments

- Commissioner Parker asked if other county health departments participate in the HIV prevention programs in the prisons. Mr. Loyce said that at this time San Francisco is the only county doing this kind of work with these two institutions. Commissioner Parker asked if the Department is keeping data to compare rates of new infections in the target population with rates in the general population. Mr. Loyce clarified that all incoming inmates are given HIV orientation and education, and only those being discharged back to San Francisco get case management services. Comparison is difficult because HIV testing is voluntary, and people who test positive get confidential services throughout the stay at the jail.

- Commissioner Guy said that DPH should work with San Francisco women at the time they are arrested, rather than just 90 days prior to discharge. While it will cost money, it makes sense. Barbara Garcia said that many of the women who are in prison have been through the county jail first, so this could be a good point of connection. Commissioner Guy said she received a letter from Continuum proposing a new methodology to be used by the HIV Health Services Planning Council. She asked Mr. Loyce to review the letter and possibly discuss through a future Secretary's Report.

4) FINANCE REPORT: UPDATE ON THE FISCAL YEAR 2002-03 BUDGET

Gregg Sass, CHN Chief Finance Officer, updated the committee on the search for Larry Doyle's replacement. Many qualified candidates have been interviewed for two positions, and one—Anne Okubo—has been selected. They hope to select the other soon.

Mr. Sass then presented an update on the Fiscal Year 2002-2003 budget. There was a $700,000 reduction to DPH's budget. Then approximately $1.9 million in Board of Supervisors addbacks were allocated to the Health Department, plus a 1% contractor and UC cost of living adjustment. (Barbara Garcia said she would work with the contractors who received the addbacks, as this is only one-time funding.) Subsequently the Department was asked to make another $1.09 million in cuts, due the unions not agreeing to participate in the partial retirement pick up. There is a $4 million reduction in general fund support for Population Health and Prevention.

Commissioners' Comments

- Commissioner Guy stated that there would be a significant impact on services as a result of the budget decisions because the Department will have to find other ways

to meet salary savings. In addition, the decision by some unions not to participate has resulted in DPH not being able to get all nursing positions at Laguna Honda Hospital and not being able to increase the MOU with UC to maintain the level of services.

5) PRESENTATION ON THE ADOLESCENT HEALTH WORK PLAN

Iman Nazeeri-Simmons, Adolescent Health Coordinator, presented the draft Adolescent Health Work Plan (Attachment A). Barbara Garcia said that initially the work plan was somewhat controversial among some of the youth serving agencies. Ms. Nazeeri-Simmons worked closely will all of the stakeholders during the development of the work plan and now they believe there is consensus.

Commissioners' Comments

- Commissioner Guy asked what age range is considered adolescent. Ms. Nazeeri-Simmons said that it generally refers to youth ages 10-19, but they will also look at young adults ages 20-24. Commissioner Guy commented that this is a very exciting project. She suggested that, when there is an update on this effort, Ms. Nazeeri-Simmons discuss how her work impacts the DPH Strategic Plan and vice versa, as well has talk about how success will be measured. She also suggested that staff look at best practices. Ginger Smyly said that there are a number of best practice programs that help adolescents.

- Commissioner Parker said that the draft work plan is the first step in the right direction. It needs to become a living document. We must keep good data as we go along so we can make appropriate adjustments. Ms. Smyly said that the programs that provide the services would collect the data and give to Ms. Nazeeri-Simmons, who is the coordinator and facilitator. Rajeev Bhatia said that the school district collects a lot of data that they do not release. Ms. Smyly added that the Department of Children Youth and Their Families is creating a data portal, which will be useful to the Adolescent Health Coordinator. Commissioner Parker said that formal integration is needed with certain entities. Adolescence is a difficult time. This is the age when kids want to explore, defy authority and discover things on their own. Children have already developed certain patterns by the time they have reached adolescence, so the program needs to look backwards as well as forward. Commissioner Parker emphasized the need to get information to and work cooperatively with Ms. Nazeeri-Simmons.

6) EMERGING ISSUES

The committee discussed that the following issues are on the Population Health and Prevention Master Calendar and need to be scheduled at future meetings.

- Prevention Framework
- Men's Health
- Suicide Prevention
- School Health – Ms. Garcia said that this could be presented at the August meeting.
- Strategic Plan Update
- Behavioral Health Update
- Immigrant cases of TB, specifically prevention efforts

7) PUBLIC COMMENTS

None.

8) ADJOURNMENT

The meeting was adjourned at 11:20 a.m.

Michele M. Olson
Executive Secretary to the Health Commission

Attachment (1)

DRAFT

DPH Office of Adolescent Health
Workplan and Timeline
June 1, 2002 - February 1, 2003

MISSION: Adolescents in San Francisco are Healthy

GOAL #1: The Physical and Behavioral Health Needs of Adolescents in San Francisco are Identified and Addressed.

OBJECTIVE A: Develop a comprehensive DPH Adolescent Health Strategic Plan to determine unmet needs, service gaps, recommendations, barriers, and funding strategies.

Activity	Timeline	Collaboration	Evaluation
1. Review relevant research and data including the Adolescent Health Collaborative's Statewide Strategic Plan.	June 3 - August 1, 2002	**Internal:** Ginger Smyly, Jorge Partida, Mildred Crear, Patricia Perez Arce, Rajiv Bhatia, Sai-Ling Chan-Sew, Jeff Klausner, etc. **External:** DCYF, Janet Shalwitz, Sharon Dolan, Julie Posadas, etc.	
2. Develop overall DPH adolescent health improvement outcomes based on data review.	August 1 - Nov. 30, 2002	**Internal:** Ginger, Jorge, Mildred, Patricia, Rajiv, Sai-Ling, etc. **External:** DCYF, Janet Shalwitz, Sharon Dolan, Julie Posadas, etc.	
3. Report Adolescent Health Plan results.	Jan/Feb 2003	Management Team, JCCs, and Health Commissioners	

MISSION: Adolescents in San Francisco are Healthy

OBJECTIVE B: Facilitate improved access to a broad array of services for adolescents and their families			
Activity	**Timeline**	**Collaboration**	**Evaluation**
1. Develop relationships with juvenile justice, social service agencies, public health clinics, schools and recreation programs.	June 17 - October 31, 2002	**Internal:** Maria Cora, Sai-Ling Chan-Sew, Michael Baxter, etc. **External:** YGC, SPY, DCYF, DHS, SFUSD, etc	
2. Assist with citywide initiatives focusing on the health needs of adolescents, including Supervisor Ammiano's Task Force on the Exploitation of Girls.	July 15 - ongoing	**Internal:** DPH **External:** Board of Supervisors, DCYF, etc.	
OBJECTIVE C: Research funding opportunities for adolescent health issues from private and public sources			
Activity	**Timeline**	**Collaboration**	**Evaluation**
1. Meet with Rob to discuss grant procedures, funders, etc.	June 17 - ongoing	**Internal:** Rob Bannon- others **External:**	
2. Develop funding strategies for areas to be addressed (service gaps, unmet needs, etc.).	August 1 - ongoing	**Internal:** Rob Bannon, others **External:** Community Partners	

DPH Office of Adolescent Health
Workplan and Timeline
June 1, 2002 - February 1, 2003

DRAFT

MISSION: Adolescents in San Francisco are Healthy

GOAL #2: The Physical and Behavioral Health Services to Adolescents are Integrated and Coordinated within the Department, other City Agencies, and the Community.

OBJECTIVE A: As part of the Comprehensive Adolescent Health Plan, include section on Service Integration and Coordination.

Activity	Timeline	Collaboration	Evaluation
1. Report on Plan results including barriers and recommendations for integrated and coordinated services.	Jan/Feb 2003	**Internal:** Management Team **External:** JCCs, Health Commission	
2. Establish the Office of Adolescent Health as the single point of contact within DPH for information about services, training and issues affecting adolescents (including confidentiality, mandatory reporting and minor consent).	June 3 - Ongoing	CMHS, CSAS, MCH, HPP, PC, CHN, PHP, HUH, etc.	

DPH Office of Adolescent Health
Workplan and Timeline
June 1, 2002 - February 1, 2003

MISSION: Adolescents in San Francisco are Healthy

OBJECTIVE B: Facilitate the Development of System(s) to share information with DPH, between DPH and other City Departments such as DCYF, SFUSD, and DHS, and between DPH and the community.			
Activity	**Timeline**	**Collaboration**	**Evaluation**
1. Engage stakeholders to improve and gain support for Office of Adolescent Health Workplan.	June 10 - July 15, 2003	DCYF, Adolescent Working Group, DPH, etc.	
2. Determine need for an Adolescent Health Committee that includes, at a minimum, DPH, service providers, youth, DHS, DCYF and SFUSD.	July 1 - Ongoing	**Internal:** Ginger Smyly, Sai-Ling Chan-Sew, Michael Baxter, etc. **External:** Adolescent Health Working Group, HIFY, SFUSD, etc.	
3. Create/Maintain Adolescent Health web page on DPHnet (includes information on resource and training related to adolescent health).	Jan 15, 2003 - Ongoing	**Internal:** Barry Siler **External:**	
4. Research, develop, implement and provide trainings on Minor Consent Policy.	June 17 - Ongoing	**Internal:** Michael Baxter, Rob Bannon, Sai-Ling Chan-Sew, etc. **External:** Sharon Dolan - HIFY	
5. Facilitate the integration of school health and public health.	July 1 - Ongoing	**Internal:** Sai-Ling Chan-Sew, Michael Baxter, Jeff Klausner, Ginger Smyly **External:** Trish Bascom - SFUSD	

DPH Office of Adolescent Health
Workplan and Timeline
June 1, 2002 - February 1, 2003

DRAFT

MISSION: Adolescents in San Francisco are Healthy

Activity	Timeline	Collaboration	Evaluation
6. Assist HIFY in compiling health services & programs for adolescents for HIFY's 2002 edition of Adolescent Service Provider Guide.	July 15 - October 31, 2002	Sharon Dolan	
7. Participate in external and internal Committees, Working Groups, and Councils that have an Adolescent Health focus, including: Children's Coordinating Council, Suicide Prevention Working Group, Children's System of Care, Adolescent Health Working Group, etc.	June 10 - Ongoing	**Internal:** DPH staff **External:** Adolescent Health Working Group, etc.	
8. Explore funding opportunities to hire youth workers within the Office of Adolescent Health.	August - Ongoing	**Internal:** Rob Bannon, Ginger Smyly, Mildred Crear, Michael Baxter **External:** Janet Shalwitz, Sharon Dolan, etc.	

MISSION: Adolescents in San Francisco are Healthy

GOAL #3: Physical and Behavioral Health Policies and Initiatives Concerning Adolescents are Promoted.

OBJECTIVE A: Engage community to conduct the following activities:

Activity	Timeline	Collaboration	Evaluation
1. Review Adolescent Health policy and recommend action.	Ongoing	Adolescent Health Working Group, HIFY, Coleman Advocates, etc.	
2. Advocate for Adolescent Health issues in local, state and national arenas.	Ongoing	Adolescent Health Working Group, HIFY, Coleman Advocates, etc.	
3. Facilitate the development of DPH policy (ies) affecting adolescents.	Ongoing	Adolescent Health Working Group, HIFY, Coleman Advocates, etc.	

OBJECTIVE B: Serve as liaison to the national and state planning and policy bodies.

Activity	Timeline	Collaboration	Evaluation
1. Attend national and state conferences and trainings related to Adolescent Health.	Ongoing		

Attachment A
Page 6 of 6

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

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FOR
POPULATION HEALTH AND PREVENTION

Tuesday, August 27, 2002
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AIDS PROGRAMS OFFICE
25 Van Ness, Suite #500
San Francisco, CA 94102

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Commissioner Harrison Parker, Sr., D.D.S., Chair
Commissioner Roma P. Guy, MSW

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(Jimmy Loyce, PHP Secretary)
(Description of activities and operations of the Population Health and Prevention Division)

4) **FOR DISCUSSION:** **FINANCE REPORT: UPDATE ON FOURTH QUARTER FINANCIAL REPORT**
(Gregg Sass, CHN Chief Finance Officer)
**Update*

5) **FOR DISCUSSION:** **PRESENTATION ON THE HIV/AIDS EPIDEMIOLOGY ANNUAL REPORT FOR 2001**
(Sandy Schwarcz, MD, MPH, Director, and Willi McFarland, M.D., PhD, Co-Director, HIV/AIDS Statistics and Epidemiology Section)
**Update*

6) **FOR DISCUSSION:** **SCHOOL HEALTH/WELLNESS CENTER REPORT**
(Sai-Ling Chan-Sew, Director, CMHS, CYF Section)
**Report*

7) **EMERGING ISSUES**

8) **PUBLIC COMMENTS****

9) **ADJOURNMENT**

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CITY AND COUNTY OF SAN FRANCISCO
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Department of Public Health

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MINUTES

JOINT CONFERENCE COMMITTEE MEETING FOR POPULATION HEALTH AND PREVENTION

Tuesday, August 27, 2002
9:30 a.m. – 11:30 a.m.
AIDS PROGRAMS OFFICE
25 Van Ness, Suite #500
San Francisco, CA 94102

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1) CALL TO ORDER

The meeting was called to order by Commissioner Harrison Parker at 9:35 a.m.

Present: Commissioner Harrison Parker, Sr., D.D.S., Chair
Commissioner Roma P. Guy, MSW

Staff: Rob Bannon, Sai-Ling Chan-Sew, Mildred Crear, Barbara Garcia, Nellie Lee, Gregg Sass, Iman Nazeeri-Simmons, Ginger Smyly and Wendy Wolfe

2) APPROVAL OF MINUTES FOR JULY 23, 2002

Action Taken: The Committee approved the minutes of the July 23, 2002 Population Health and Prevention Joint Conference Committee meeting.

3) SECRETARY'S REPORT

Barbara Garcia presented the Secretary's Report.

Community Programs

Syphilis Cases Continue to Increase

An average of 50 cases of early syphilis is being reported per month. As of July 31, 2002, 275 cases of early syphilis were reported for residents of San Francisco. As before, nearly all of the cases are occurring in men who have sex with men who report large numbers of anonymous partners met in commercial sex venues, such as bathhouses, sex clubs and adult bookstores, as well as on the Internet.

CDC Review of STD Program

During the week of July 29, 2002, the Centers for Disease Control sent 13 evaluators to the STD Program to conduct a syphilis assessment. All aspects of the STD Program were reviewed and commendations as well as recommendations were made and will be included in a formal written report expected within the next few weeks. As a result of the assessment, the STD Program is hopeful that they will receive additional financial resources to allow the hiring of additional staff to work with syphilis patients and providers.

Coordinating Council for Children, Youth and Families

In April 2001, at the request of Dr. Katz, the Department began the reorganization of the Coordinating Council for Children, Youth and Families, elevating it to the Executive Committee level. Co- Chaired by Barbara Garcia and Anne Kronenberg, the purpose of the intra-departmental Council is to provide strong leadership for policy development, priority-setting, planning, collaboration, and integration of services to assure the best possible health and well-being of San Francisco's children, youth and families.

Children/Youth Health Advisory Committee

The Prop. 10 Commission, which provides funds to the San Francisco Health Plan (SFHP) for the implementation of Healthy Kids, required that SFHP convene an advisory group. Chaired by Barbara Garcia and Jean Fraser (CEO of San Francisco Health Plan), the Advisory Committee is reviewing health issues and barriers to health care services faced by families. This committee will develop a report with recommendations for improved access for children and youth in San Francisco. The recommendations are to be shared with SFHP, pediatricians and other health care providers.

DPH Supports *Operation: No-Limit* Football Camp

The African American Health Initiative provided planning and outreach support for *Operation: No-Limit*, a football camp combining sports with lessons about personal responsibility, health and violence prevention. The camp, which was hosted by the San Jose State football program on July 31, 2002, was attended by 250 7 to 14 year old boys from San Francisco.

Weighty Matters Conference

DPH Nutrition Services is co-sponsoring the Weighty Matters Conference to be held at the State Office Building on September 17, 2002. The conference features practical, frontline, weight management approaches for children. Its goals are: 1) to expand the skills and perspectives of participants related to the management and prevention of childhood overweight; 2) provide an avenue for strengthening community resources and partnerships aimed at combating childhood overweight; and 3) showcase a diverse array of effective strategies, projects, programs, and services for the management and prevention of childhood overweight.

Harm Reduction Training for DPH Staff

Between August and October 2002, all Community Programs Analysts, Managers and Monitors will attend a 2-day intensive harm reduction training. The first day provides a survey of the history, philosophy, and strategies of the harm reduction model as it has evolved in the United States. The second day is designed to meet the practical needs of the San Francisco Department of Public Health's employees. Included are discussions of the implications of the harm reduction policy.

Commissioners' Comments

- Commissioner Parker asked the likelihood of DPH receiving additional funding from the CDC for the STD Program. Ms. Wolfe replied that the CDC has already said they would give the department additional resources. The CDC might decide to send a federal assignee to do a particular job. Commissioner Parker stated that the weight conference is a great idea. He added that sometimes the only way to get things done is via litigation, as was the case with tobacco.

- Commissioner Guy said that there is currently a fad around obesity, but it is also a true problem. The Department should use this opportunity to approach nutrition strategically and determine what San Francisco's priorities are around equity, food distribution, safety, wellness, etc.

4) FINANCE REPORT: UPDATE ON FOURTH QUARTER FINANCIAL REPORT

Gregg Sass, DPH Chief Finance Officer, presented the 4th Quarter Financial Report (Attachment A).

Commissioners' Comments

- Commissioner Guy said that the report was good news but that there are challenges ahead, particularly around salary savings.

- Commissioner Parker said that usually the Department is looking for funds to balance the budget and this year was able to give money back, therefore, reducing the level of General Fund support. Mr. Sass responded that while clearly there are difficult years ahead the Department heads into these years relatively stable.

5) PRESENTATION ON THE HIV/AIDS EPIDEMIOLOGY ANNUAL REPORT FOR 2001

This report was continued to the September meeting of the Population, Health and Prevention Joint Conference Committee.

6) SCHOOL HEALTH/WELLNESS CENTER REPORT

Sai-Ling Chan-Sew, Director, CMHS, CYF Section, presented the School Health/Wellness Center Report. The wellness centers emerged from a youth-initiated process spearheaded by Youth Making a Change (YMAC) and are located in seven high schools. The wellness centers use a hybrid model, providing direct services along with health resources and education and referrals to community health clinics and services. By using the hybrid model the centers are able to serve a greater number of youth, are integrated into each school site, provide linkages and increase the use of existing community health resources and services. The model also promises greater sustainability than full-scale clinics.

In the 2000-2001 school year 3,934 students were served. For the first semester of the 2001-2002 school year, 2,175 students were served. ETR Associates, an evaluator for SFUSD's school health programs, found that when wellness high schools are compared to non-wellness schools in the district, wellness school:

- 5% fewer students reported problems with depression or having considered suicide.
- 5-15% fewer students reported using tobacco, drugs or alcohol.
- At least 15% fewer students reported having been offered or sold a drug on school property.

Ms. Chan-Sew said that more than 30 CBOs have partnered with Wellness Centers. Ms. Chan-Sew emphasized that without the cooperation of SFGUD this effort would not be successful. Ms. Chan-Sew introduced Stacey Blankenbaker, the citywide wellness center coordinator, whose job is to be the bridge between DCYF, DPH and SFUSD.

Ms. Chan-Sew gave an overview of the budget for the program. The annual core city funding is $1.4 million, with $700,000 coming from the Children's Fund and $700,000 from the General Fund. Each wellness center has a core budget of $130,000, one wellness coordinator, two days of nursing, one half-time mental health counselor, one half-time substance abuse counselor and one peer resources coordinator. Many of the centers have a community health outreach worker.

The challenges for the coming year include sustainability and consent and confidentiality. The next steps for sustainability are to include wellness center staff in MAA billing, investigate leveraged funding opportunities from State and Federal sources and private foundations and to increase support for community clinics. For consent and confidentiality the next step is the adoption of standard forms and procedures.

Commissioners' Comments

- Commissioner Guy said that this was a major initiative that faced a lot of challenges. It took a lot of staff leadership to be successful and she thanked everyone for their work. She wants to better understand the links between the wellness centers and the Adolescent Health Coordinator, and what resources are available to younger students. She asked if the program is being evaluated. She also asked what the plans were in terms of expansion. Ms. Chan-Sew said that SFUSD has an evaluator for all of its school health programs. In addition, a youth-led evaluation is being done as well as pre- and post-evaluations. She said that the Adolescent Health Coordinator is on the steering committee. There are already some wellness centers in middle schools through the federal Safe Schools Initiative, but this grant is coming to an end and the Department needs to work with these sites on sustainability.

- Commissioner Parker thanked the staff for an outstanding report and thanked the School District for becoming a useful and cooperative partner. Services need to be provided at a young age, and the next step is to address the elementary schools. Ms. Crear said that MCH does a lot of work in the child care centers, which she can report on at a future meeting. Commissioner Parker supports the behavioral model rather than just using a medical model.

Public Comment

Neil Gendel, Healthy Children Organizing Project, stated that a separate, equally important issue is whether the buildings in which the wellness centers are located are healthy. The Health Commission should advocate for healthy school sites.

7) EMERGING ISSUES

None.

8) PUBLIC COMMENTS

Neil Gendel, Health Children Organizing Project, submitted copies of two letters. The first was to Barbara Garcia regarding environmental toxins and child development. The second was to the San Francisco Housing Authority regarding mold and mildew in Housing Authority homes.

9) ADJOURNMENT

The meeting was adjourned at 11:20 a.m.

Michele M. Olson
Executive Secretary to
the Health Commission

Attachment (1)

MEMORANDUM

August 27, 2002

TO: Joint Conference Committee
Population Health and Prevention

FROM: Gregg Sass
Chief Financial Officer

RE: Chief Financial Officer's Report

Population Health and Prevention (Public Health, Substance Abuse and Mental Health) is projecting an overall surplus of $11.4 Million for the Fiscal Year ending June 30, 2002. The table on the following pages compares the 3rd Quarter projections to the 4th Quarter for all of the Department of Public Health. For Population Health and Prevention, there is a $100,000 increase in the 4th Quarter projected surplus from what was projected in the 3rd Quarterly Report.

A more detailed schedule of revenues and expenses for all of the Department of Public Health, as well as detailed revenue and expenditure reports for Population Health and Prevention, are attached for review.

Finance 101 Grove Street San Francisco, CA 94102

Preliminary 4th Quarter (Year End) Financial Statement
FY 01-02

Division	REVENUES			EXPENDITURES			TOTAL
	Revised Budget (1)	Current Projection	Surplus/ (Deficit)	Revised Budget	Current Projection	Surplus/ (Deficit)	Surplus/ (Deficit)
Department of Public Health							
SFGH	$ 476,234,000	$ 485,113,000	$ 8,879,000	$ 476,234,000	$ 465,326,000	$ 10,908,000	19,787,000
Laguna Honda	140,691,000	152,120,000	$ 11,429,000	$ 140,691,000	139,968,000	723,000	12,152,000
Primary Care	45,695,000	48,833,000	3,138,000	$ 45,695,000	44,917,000	778,000	3,916,000
Health at Home	4,435,000	4,453,000	18,000	$ 4,435,000	4,080,000	355,000	373,000
Jail Health	24,609,000	24,401,000	(208,000)	24,609,000	25,417,000	(808,000)	(1,016,000)
Public Health	91,730,000	90,932,000	(798,000)	91,730,000	86,112,000	5,618,000	4,820,000
Mental Health	164,495,000	163,216,000	(1,279,000)	164,495,000	159,305,000	5,190,000	3,911,000
Substance Abuse	64,172,000	64,576,000	404,000	64,172,000	61,934,000	2,238,000	2,642,000
Subtotal	**1,012,061,000**	**1,033,644,000**	**21,583,000**	**1,012,061,000**	**987,059,000**	**25,002,000**	**46,585,000**
FY 01-02 GF Reduction (2)		(10,400,000)	(10,400,000)				(10,400,000)
TOTAL DPH	**1,012,061,000**	**1,023,244,000**	**11,183,000**	**1,012,061,000**	**987,059,000**	**25,002,000**	**36,185,000**

(1) The Revised Budget in the table above includes: Annual Appropriation Ordinance for DPH, carryforwards from prior year, Inter Governmental Transfer (IGT) for SB855, Transfer In and Project Related expenses.

(2) Per General Fund reduction Plan

DPH Preliminary FY01-02 Revenue and Expense Report
4th Quarter vs 3rd Quarter

Department of Public Health	FY01-02 3rd Quarter Surplus/(Deficit)	FY01-02 4th Quarter Surplus/(Deficit)	Variance
Division			
SFGH	7,420,000	19,787,000	12,367,000
Laguna Honda	11,269,000	12,152,000	883,000
Primary Care	2,498,000	3,916,000	1,418,000
Health at Home	(32,000)	373,000	405,000
Jail Health	(1,968,000)	(1,016,000)	952,000
Public Health	2,469,000	4,820,000	2,351,000
Mental Health	6,156,000	3,911,000	(2,245,000)
Substance Abuse	2,678,000	2,642,000	(36,000)
Subtotal	**$30,490,000**	**$46,585,000**	**$16,095,000**

Preliminary estimates for the Department of Public Health indicate a projected surplus of $46.6 Million. This is an increase of $16 Million dollars from the 3rd Quarter Projections reported in May, 2002. The following summarizes the changes by division.

San Francisco General Hospital

The projected surplus has increased by $12.3 Million primarily due to:

- a $10 Million prior year settlement; and
- a $2.4 Million favorable variance in other operating revenue with increases in SB855, MAA/TCM, and Managed Care counterbalanced by decreases in State Realignment and workorder recovery.

Laguna Honda Hospital

The projected surplus at Laguna Honda has increased by $883,000 primarily due to:

- an small decrease in projected revenues of $$230,000; and
- an elimination of deficit spending in operating expenses as a result of an $1.1 Million appropriation transfer from SFGH.

Primary Care

The projected surplus for Primary Care has increased by $1.4 Million due to prior year settlement.

Jail Health

The projected deficit for Jail Health Services has decreased by $952,000 primarily due to a favorable decrease in projected operating expenses based on actuals.

Health at Home

The $32,000 deficit for Health at Home has reverted to a $373,000 surplus due to:

- an increase in Medicare revenues; and
- a favorable decrease in operating expenses based on actuals.

Public Health

The projected surplus for Public Health has increased by $1 Million primarily due to :

- a favorable decrease in operating expenses of $1.7 Million; and
- A decrease in various revenues of $0.7 Million

Mental Health

The surplus for Mental Health has decreased by $2.2 Million primarily due to:

- a decrease in M/Cal and miscellaneous revenues of $1 Million based on actuals; and
- a decrease in SB90 revenues of $1.1 Million based on actuals; and
- a $0.2 Million unfavorable variance in operating expenses.

Substance Abuse

The surplus in Substance Abuse has decreased by $36,000 due to a offsetting variances in revenues and expenses.

It should be noted that these projections are preliminary and are subject to change based on review and analysis by the City Controller.

Department of Public Health - PHP all

STATEMENT OF REVENUE AND EXPENSES

June 30, 2002

(In Thousands of Dollars)

	YEAR TO DATE					ANNUAL				
	Projection	Budget	Fav/(Unfav) Variance	% Var		Projection	Budget	Fav/(Unfav) Variance	% Var	
					NET PATIENT SERVICE REVENUE:					
1	7,389	9,266	(1,877)	-20.26%	Medi-Cal Revenue	7,389	9,266	(1,877)	-20.26%	1
2	378	601	(223)	-37.11%	Medicare Revenue	378	601	(223)	-37.11%	2
3	320	332	(12)	-3.72%	Other Patient Revenue	320	332	(12)	-3.72%	3
4	0	0	0	n/a	Provision for Bad debt	0	0	0	n/a	4
5	8,087	10,199	(2,112)	-20.71%	TOTAL NET PATIENT SERVICE REVENUE	8,087	10,199	(2,112)	-20.71%	5
6										6
7					OTHER OPERATING REVENUE:					7
8	10,787	10,946	(159)	-1.45%	Short Doyle (Community Mental Health Service)	10,787	10,946	(159)	-1.45%	8
9	34,769	31,486	3,283	10.43%	Short Doyle M/Cal	34,769	31,486	3,283	10.43%	9
10	847	884	(38)	-4.26%	MAA/TCM	847	884	(38)	-4.26%	10
11	0	0	0	n/a	SB855	0	0	0	n/a	11
12	0	0	0	n/a	SB1255	0	0	0	n/a	12
13	0	0	0	n/a	GME	0	0	0	n/a	13
14	0	0	0	n/a	Capitation/Managed Care Settlement	0	0	0	n/a	14
15	16,585	16,224	361	2.23%	State Alcohol	16,585	16,224	361	2.23%	15
16	7,116	7,116	0	n/a	Proposition 36	7,116	7,116	0	n/a	16
17	74,519	78,596	(4,077)	-5.19%	State Realignment	81,035	78,596	2,439	3.10%	17
18	1,924	2,152	(229)	-10.62%	Prop 99 AB75	1,924	2,152	(229)	-10.62%	18
19	5,106	7,045	(1,939)	-27.53%	Other State (CCS and State Mandated Cost)	5,106	7,045	(1,939)	-27.53%	19
20	11,048	11,110	(62)	-0.56%	Fees/Cafeteria/Misc (includes lease income)	11,048	11,110	(62)	-0.56%	20
21	12,817	16,770	(3,953)	-23.57%	Workorder Recovery	13,551	16,770	(3,220)	-19.20%	21
22	0	0	0	n/a	Transfer In and Project Related	0	0	0	n/a	22
23	17,703	17,703	0	n/a	Carryforward	17,703	17,703	0	n/a	23
24	193,222	200,033	(6,811)	-3.40%	TOTAL OTHER OPERATING REVENUE	200,471	200,033	438	0.22%	24
25										25
26	201,308	210,232	(8,923)	-4.24%	TOTAL OPERATING REVENUE	208,558	210,232	(1,674)	-0.80%	26
27										27
28					OPERATING EXPENSES:					28
29	67,551	72,865	5,314	7.29%	Personnel Services	67,551	72,865	5,314	7.29%	29
30	15,684	16,591	907	5.46%	Mandatory Fringe Benefits	15,684	16,591	907	5.46%	30
31	184,114	207,596	23,483	11.31%	Non-personal Services	184,910	207,596	22,686	10.93%	31
32	6,640	7,151	511	7.14%	Materials and Supplies	6,640	7,151	511	7.14%	32
33	763	780	16	2.06%	Facilities Maint. & Capital Outlay	763	780	16	2.06%	33
34	16,004	15,415	(589)	-3.82%	Services of Other Departments (workorders)	16,004	15,415	(589)	-3.82%	34
35	0	0	0	n/a	Operating Transfer Out	0	0	0	n/a	35
36	0	0	0	n/a	Intrafund Transfer	0	0	0	n/a	36
37	0	0	0	n/a	Projects	0	0	0	n/a	37
38	0	0	0	n/a	Carryforward Request	15,797	0	(15,797)	n/a	38
39	290,756	320,398	29,642	9.25%	TOTAL OPERATING EXPENSES	307,350	320,398	13,048	4.07%	39
40										40
41	(89,448)	#####	20,718	-18.81%	OPERATING INCOME/(LOSS)	(98,793)	(110,166)	11,374	-10.32%	41
42										42
43					NON-OPERATING REVENUE:					43
44	110,166	110,166	0	n/a	General Fund	110,166	110,166	0	n/a	44
45	110,166	110,166	0	n/a	TOTAL NON-OPERATING REVENUE	110,166	110,166	0	n/a	45
46										46
47	20,718	0	20,718	######	NET INCOME/(LOSS)	11,374	0	11,374	#####	47

Department of Public Health - Public Health Division

STATEMENT OF REVENUE AND EXPENSES

June 30, 2002

(In Thousands of Dollars)

	YEAR TO DATE					ANNUAL				
			Fav/(Unfav)					Fav/(Unfav)		
	Projection	Budget	Variance	% Var		Projection	Budget	Variance	% Var	
					NET PATIENT SERVICE REVENUE:					
1	1,015	947	68	7.21%	Medi-Cal Revenue	1,015	947	68	7.21%	1
2	1	1	0	20.60%	Medicare Revenue	1	1	0	20.60%	2
3	55	62	(7)	-11.56%	Other Patient Revenue	55	62	(7)	-11.56%	3
4	0	0	0	n/a	Provision for Bad debt	0	0	0	n/a	4
5	1,071	1,010	61	6.07%	TOTAL NET PATIENT SERVICE REVENUE	1,071	1,010	61	6.07%	5
6										6
7					OTHER OPERATING REVENUE:					7
8	0	0	0	n/a	Short Doyle (Community Mental Health Service)	0	0	0	n/a	8
9	0	0	0	n/a	Short Doyle M/Cal	0	0	0	n/a	9
10	847	884	(38)	-4.26%	MAA/TCM	847	884	(38)	-4.26%	10
11	0	0	0	n/a	SB855	0	0	0	n/a	11
12	0	0	0	n/a	SB1255	0	0	0	n/a	12
13	0	0	0	n/a	GME	0	0	0	n/a	13
14	0	0	0	n/a	Capitation/Managed Care Settlement	0	0	0	n/a	14
15	0	0	0	n/a	State Alcohol	0	0	0	n/a	15
16	0	0	0	n/a	Proposition 36	0	0	0	n/a	16
17	25,915	25,370	545	2.15%	State Realignment	26,946	25,370	1,576	6.21%	17
18	1,924	2,152	(229)	-10.62%	Prop 99 AB75	1,924	2,152	(229)	-10.62%	18
19	4,813	5,659	(846)	-14.95%	Other State (CCS and State Mandated Cost)	4,813	5,659	(846)	-14.95%	19
20	9,905	10,283	(378)	-3.67%	Fees/Cafeteria/Misc (includes lease income)	9,905	10,283	(378)	-3.67%	20
21	2,848	4,167	(1,319)	-31.66%	Workorder Recovery	3,222	4,167	(945)	-22.67%	21
22	0	0	0	n/a	Transfer In and Project Related	0	0	0	n/a	22
23	5,832	5,832	0	n/a	Carryforward	5,832	5,832	0	n/a	23
24	52,083	54,348	(2,265)	-4.17%	TOTAL OTHER OPERATING REVENUE	53,488	54,348	(860)	-1.58%	24
25										25
26	53,154	55,358	(2,204)	-3.98%	TOTAL OPERATING REVENUE	54,560	55,358	(798)	-1.44%	26
27										27
28					OPERATING EXPENSES:					28
29	32,692	35,772	3,081	8.61%	Personnel Services	32,692	35,772	3,081	8.61%	29
30	7,702	8,319	617	7.42%	Mandatory Fringe Benefits	7,702	8,319	617	7.42%	30
31	32,973	36,616	3,643	9.95%	Non-personal Services	32,974	36,616	3,642	9.95%	31
32	4,020	4,380	359	8.21%	Materials and Supplies	4,020	4,380	359	8.21%	32
33	146	188	43	22.72%	Facilities Maint. & Capital Outlay	146	188	43	22.72%	33
34	7,044	6,455	(589)	-9.13%	Services of Other Departments (workorders)	7,044	6,455	(589)	-9.13%	34
35	0	0	0	n/a	Operating Transfer Out	0	0	0	n/a	35
36	0	0	0	n/a	Intrafund Transfer	0	0	0	n/a	36
37	0	0	0	n/a	Projects	0	0	0	n/a	37
38	0	0	0	n/a	Carryforward Request	1,535	0	(1,535)	n/a	38
39	84,576	91,730	7,154	7.80%	TOTAL OPERATING EXPENSES	86,112	91,730	5,618	6.12%	39
40										40
41	(31,422)	(36,372)	4,950	-13.61%	OPERATING INCOME/(LOSS)	(31,552)	(36,372)	4,820	-13.25%	41
42										42
43					NON-OPERATING REVENUE:					43
44	36,372	36,372	0	n/a	General Fund	36,372	36,372	0	n/a	44
45	36,372	36,372	0	n/a	TOTAL NON-OPERATING REVENUE	36,372	36,372	0	n/a	45
46										46
47	4,950	0	4,950	######	NET INCOME/(LOSS)	4,820	0	4,820	#####	47

Department of Public Health - Mental Health Division

STATEMENT OF REVENUE AND EXPENSES

June 30, 2002

(In Thousands of Dollars)

	YEAR TO DATE					ANNUAL				
	Projection	Budget	Fav/(Unfav) Variance	% Var		Projection	Budget	Fav/(Unfav) Variance	% Var	
					NET PATIENT SERVICE REVENUE:					
1	6,374	8,319	(1,945)	-23.38%	Medi-Cal Revenue	6,374	8,319	(1,945)	-23.38%	1
2	377	600	(223)	-37.21%	Medicare Revenue	377	600	(223)	-37.21%	2
3	265	270	(5)	-1.91%	Other Patient Revenue	265	270	(5)	-1.91%	3
4	0	0	0	n/a	Provision for Bad debt	0	0	0	n/a	4
5	7,015	9,189	(2,174)	-23.65%	TOTAL NET PATIENT SERVICE REVENUE	7,015	9,189	(2,174)	-23.65%	5
6										6
7					OTHER OPERATING REVENUE:					7
8	10,787	10,946	(159)	-1.45%	Short Doyle (Community Mental Health Service)	10,787	10,946	(159)	-1.45%	8
9	31,244	27,998	3,246	11.59%	Short Doyle M/Cal	31,244	27,998	3,246	11.59%	9
10	0	0	0	n/a	MAA/TCM	0	0	0	n/a	10
11	0	0	0	n/a	SB855	0	0	0	n/a	11
12	0	0	0	n/a	SB1255	0	0	0	n/a	12
13	0	0	0	n/a	GME	0	0	0	n/a	13
14	0	0	0	n/a	Capitation/Managed Care Settlement	0	0	0	n/a	14
15	0	0	0	n/a	State Alcohol	0	0	0	n/a	15
16	0	0	0	n/a	Proposition 36	0	0	0	n/a	16
17	48,605	53,226	(4,621)	-8.68%	State Realignment	54,090	53,226	864	1.62%	17
18	0	0	0	n/a	Prop 99 AB75	0	0	0	n/a	18
19	292	1,385	(1,093)	-78.91%	Other State (CCS and State Mandated Cost)	292	1,385	(1,093)	-78.91%	19
20	569	727	(158)	-21.75%	Fees/Cafeteria/Misc (includes lease income)	569	727	(158)	-21.75%	20
21	8,182	9,988	(1,805)	-18.08%	Workorder Recovery	8,182	9,988	(1,805)	-18.08%	21
22	0	0	0	n/a	Transfer In and Project Related	0	0	0	n/a	22
23	9,951	9,951	0	n/a	Carryforward	9,951	9,951	0	n/a	23
24	109,630	114,221	(4,591)	-4.02%	TOTAL OTHER OPERATING REVENUE	115,115	114,221	894	0.78%	24
25										25
26	116,646	123,410	(6,765)	-5.48%	TOTAL OPERATING REVENUE	122,131	123,410	(1,280)	-1.04%	26
27										27
28					OPERATING EXPENSES:					28
29	32,984	34,254	1,270	3.71%	Personnel Services	32,984	34,254	1,270	3.71%	29
30	7,533	7,612	79	1.04%	Mandatory Fringe Benefits	7,533	7,612	79	1.04%	30
31	101,626	115,616	13,990	12.10%	Non-personal Services	102,422	115,616	13,194	11.41%	31
32	2,213	2,335	123	5.25%	Materials and Supplies	2,213	2,335	123	5.25%	32
33	523	471	(52)	-11.07%	Facilities Maint. & Capital Outlay	523	471	(52)	-11.07%	33
34	4,201	4,207	6	0.15%	Services of Other Departments (workorders)	4,201	4,207	6	0.15%	34
35	0	0	0	n/a	Operating Transfer Out	0	0	0	n/a	35
36	0	0	0	n/a	Intrafund Transfer	0	0	0	n/a	36
37	0	0	0	n/a	Projects	0	0	0	n/a	37
38	0	0	0	n/a	Carryforward Request	9,429	0	(9,429)	n/a	38
39	149,080	164,495	15,415	9.37%	TOTAL OPERATING EXPENSES	159,305	164,495	5,191	3.16%	39
40										40
41	(32,434)	(41,085)	8,651	-21.06%	OPERATING INCOME/(LOSS)	(37,174)	(41,085)	3,911	-9.52%	41
42										42
43					NON-OPERATING REVENUE:					43
44	41,085	41,085	0	n/a	General Fund	41,085	41,085	0	n/a	44
45	41,085	41,085	0	n/a	TOTAL NON-OPERATING REVENUE	41,085	41,085	0	n/a	45
46										46
47	8,651	0	8,651	n/a	NET INCOME/(LOSS)	3,911	0	3,911	n/a	47

Department of Public Health - Substance Abuse Division

STATEMENT OF REVENUE AND EXPENSES

June 30, 2002

(In Thousands of Dollars)

	YEAR TO DATE					ANNUAL				
	Projection	Budget	Fav/(Unfav) Variance	% Var		Projection	Budget	Fav/(Unfav) Variance	% Var	
					NET PATIENT SERVICE REVENUE:					
1	0	0	0	n/a	Medi-Cal Revenue	0	0	0	n/a	1
2	0	0	0	n/a	Medicare Revenue	0	0	0	n/a	2
3	0	0	0	n/a	Other Patient Revenue	0	0	0	n/a	3
4	0	0	0	n/a	Provision for Bad debt	0	0	0	n/a	4
5	0	0	0	n/a	TOTAL NET PATIENT SERVICE REVENUE	0	0	0	n/a	5
6										6
7					OTHER OPERATING REVENUE:					7
8	0	0	0	n/a	Short Doyle (Community Mental Health Service)	0	0	0	n/a	8
9	3,525	3,488	38	1.08%	Short Doyle M/Cal	3,525	3,488	38	1.08%	9
10	0	0	0	n/a	MAA/TCM	0	0	0	n/a	10
11	0	0	0	n/a	SB855	0	0	0	n/a	11
12	0	0	0	n/a	SB1255	0	0	0	n/a	12
13	0	0	0	n/a	GME	0	0	0	n/a	13
14	0	0	0	n/a	Capitation/Managed Care Settlement	0	0	0	n/a	14
15	16,585	16,224	361	2.23%	State Alcohol	16,585	16,224	361	2.23%	15
16	7,116	7,116	0	n/a	Proposition 36	7,116	7,116	0	n/a	16
17	0	0	0	n/a	State Realignment	0	0	0	n/a	17
18	0	0	0	n/a	Prop 99 AB75	0	0	0	n/a	18
19	0	0	0	n/a	Other State (CCS and State Mandated Cost)	0	0	0	n/a	19
20	574	100	474	474.31%	Fees/Cafeteria/Misc (includes lease income)	574	100	474	474.31%	20
21	1,787	2,616	(828)	-31.66%	Workorder Recovery	2,146	2,616	(469)	-17.95%	21
22	0	0	0	n/a	Transfer In and Project Related	0	0	0	n/a	22
23	1,920	1,920	0	n/a	Carryforward	1,920	1,920	0	n/a	23
24	31,509	31,463	45	0.14%	TOTAL OTHER OPERATING REVENUE	31,867	31,463	404	1.28%	24
25										25
26	31,509	31,463	45	0.14%	TOTAL OPERATING REVENUE	31,867	31,463	404	1.28%	26
27										27
28					OPERATING EXPENSES:					28
29	1,875	2,839	964	33.96%	Personnel Services	1,875	2,839	964	33.96%	29
30	449	660	210	31.86%	Mandatory Fringe Benefits	449	660	210	31.86%	30
31	49,514	55,364	5,850	10.57%	Non-personal Services	49,514	55,364	5,850	10.57%	31
32	408	436	29	6.59%	Materials and Supplies	408	436	29	6.59%	32
33	95	120	25	21.19%	Facilities Maint. & Capital Outlay	95	120	25	21.19%	33
34	4,760	4,754	(6)	-0.13%	Services of Other Departments (workorders)	4,760	4,754	(6)	-0.13%	34
35	0	0	0	n/a	Operating Transfer Out	0	0	0	n/a	35
36	0	0	0	n/a	Intrafund Transfer	0	0	0	n/a	36
37	0	0	0	n/a	Projects	0	0	0	n/a	37
38	0	0	0	n/a	Carryforward Request	4,833	0	(4,833)	n/a	38
39	57,100	64,172	7,072	11.02%	TOTAL OPERATING EXPENSES	61,934	64,172	2,239	3.49%	39
40										40
41	(25,592)	(32,709)	7,117	-21.76%	OPERATING INCOME/(LOSS)	(30,066)	(32,709)	2,643	-8.08%	41
42										42
43					NON-OPERATING REVENUE:					43
44	32,709	32,709	0	n/a	General Fund	32,709	32,709	0	n/a	44
45	32,709	32,709	0	n/a	TOTAL NON-OPERATING REVENUE	32,709	32,709	0	n/a	45
46										46
47	7,117	0	7,117	n/a	NET INCOME/(LOSS)	2,643	0	2,643	n/a	47

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

.407
4/02

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

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Director of Health

Michele M. Olson
Executive Secretary

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09-20-02A09:30 RCVD

AGENDA

JOINT CONFERENCE COMMITTEE MEETING FOR POPULATION HEALTH AND PREVENTION

Tuesday, September 24, 2002
9:30 a.m. – 11:30 a.m.
AIDS PROGRAMS OFFICE
25 Van Ness, Suite #500
San Francisco, CA 94102

Commissioner Harrison Parker, Sr., D.D.S., Chair
Commissioner Roma P. Guy, MSW

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF MINUTES FOR JULY 23, 2002**
**Minutes for July 23, 2002*

3) **FOR DISCUSSION:** **SECRETARY'S REPORT**
(Jimmy Loyce, PHP Secretary)
(Description of activities and operations of the Population Health and Prevention Division)

4) **FOR DISCUSSION:** **EMERGENCY MEDICAL SERVICES (EMS) PRESENTATION OF THE MILLENNIUM EVALUATION**
(John Brown, M.D., EMS Medical Director)
**Report*

5) **FOR DISCUSSION:** **TOBACCO FREE PROJECT UPDATE**
(Mele Lau Smith, Tobacco Free Project)
**Report*

6) **FOR DISCUSSION:** **PRESENTATION OF THE HIV/AIDS EPIDEMIOLOGY ANNUAL REPORT FOR 2001**
(Sandy Schwartz, MD, MPH, Director, and Willi McFarland, M.D., PhD, Co-Director, HIV/AIDS Statistics and Epidemiology Section)
**Update*

7) **EMERGING ISSUES**

8) **PUBLIC COMMENTS****

9) **ADJOURNMENT**

* **Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311.**

** **Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that are within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.**

Disability Access

The Fifth Floor Conference Room at 25 Van Ness is wheelchair accessible. The closest accessible station for Muni is at the corner of Market Street and Van Ness Avenue. The closest BART station is the Civic Center Station. For information about MUNI services, call (415) 673-6864. Public parking is available at three parking lots located at the corners of Van Ness Avenue and Fell Street, Franklin and Oak Streets and Polk and Hayes Streets.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing and/or use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the

removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: **Donna_Hall@ci.sf.ca.us**.

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm**

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9/24/02

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
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MINUTES

JOINT CONFERENCE COMMITTEE MEETING FOR POPULATION HEALTH AND PREVENTION

Tuesday, September 24, 2002
9:30 a.m. – 11:30 a.m.
AIDS PROGRAMS OFFICE
25 Van Ness, Suite #500
San Francisco, CA 94102

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1) CALL TO ORDER

The meeting was called to order by Commissioner Parker at 9:40 a.m.

Present: Commissioner Harrison Parker, Sr., D.D.S., Chair
Commissioner Roma P. Guy, MSW

Staff: John Brown, M.D., Mildred Crear, Patricia Evans, M.D., Michelle Long Dixon, Jimmy Loyce, Anne Okubo, Chona Peralta, Mele Lau Smith, Ginger Smyly, Steven Tierney, Chris Wachsmuth and Wendy Wolfe

2) APPROVAL OF MINUTES FOR AUGUST 27, 2002

Action Taken: The Committee approved the minutes of the August 27, 2002 Population Health and Prevention Joint Conference Committee meeting.

3) SECRETARY'S REPORT

Jimmy Loyce, PHP Secretary, presented the Secretary's Report.

COMMUNITY PROGRAMS

Older Adults and Traffic Safety

Michael Radetsky, from the Community Health Education Section, served as a member of The California Task Force on Older Adults and Traffic Safety, which recently issued a final report with recommendation: The report, a product of an 18-month planning effort, is the first step in a coordinated statewide effort to improve traffic safety for older Californians. The Final Report is available on-line at www.eldersafety.org/oats/finalrpt.pdf.

Southeast Neighborhood Jobs Initiatives Roundtable

On August 21, 2002 Adult Mental Health Services sponsored a roundtable discussion on workforce and economic development. The goals of the event were to create a community agenda on jobs, inform the community of existing opportunities, and work together to meet the challenges of the community. Approximately 250 individuals attended the event, which was moderated by Belva Davis of KQED and th Hon. Supervisor Sophie Maxwell.

Active Aging Community Task Force (AACTF) Project

The Community Health Education Section has been asked to serve as the lead for the San Francisco Activ Aging Community Task Force (AACTF) Project. The task force will bring together representatives of community-based organizations and of the aging, public health, medical, education, and recreation communities. Together they will work to increase public awareness about the benefits of physical activity for older adults and to implement community-based physical activity programs that include strength-training exercises aimed at reducing the risk of chronic disease and falling in older adults. The Task Forc will also serve as a platform for discussion of policy and environmental changes that favor physically active lifestyles.

End the Exploitation of Girls Task Force

Spearheaded by Supervisor Tom Ammiano, the Board of Supervisors approved the creation of a task forc that will provide policy recommendation and advice to the Board on how to treat the needs of sexually exploited and abused youth. Specifically, the work group will discuss and make recommendations regarding the creation of services; the creation and support of a 24-hour hotline; the creation of 24-hour street outreach; and the creation of a safe house to meet the needs of these youth. The Department is represented by Maria Cora, the Women's Health Coordinator, and staff support is being provided by Imar Nazeeri-Simmons, the Adolescent Health Coordinator.

Continuing Response to Syphilis Cases

Syphilis cases continue to increase in San Francisco. Forty-one early syphilis cases were reported during the month of August, bringing the total number of early cases reported in 2002 to 316.

In response to the continuing increase and in recognition that community involvement is essential, the ST Program established a Syphilis Action Coalition, which is collaboration between members of the community, CBOs, health care providers and the Health Dept. The purpose of the Coalition is to raise awareness about syphilis through better communication between DPH and the community; provide a forc for information exchange about syphilis and other STDs; and collaborate on planning effective syphilis a STD prevention activities

In responding to the syphilis increase, the Centers for Disease Control (CDC) detailed 3 disease control investigators and one supervisor to assist the STD Program with it's syphilis investigations and case management activities. In addition to the CDC staff, the STD Program is funding 3 part time outreach

workers who have been going to risk bars/clubs that cater to MSMs to give patrons information about syphilis.

Positive Outcomes for the STD Website
A report on Web traffic run by DPH on DPH web sites indicated that the STD Program web sites are being well utilized. During the month of July, nearly 6,600 people reviewed STD articles on the website, nearly 3,000 people requested info on pelvic STDs and nearly 3,700 visited the STD Clinic website.

AIDS OFFICE

CAITC/Native American AIDS Project
Michelle Dixon will provide an update on the contract.

Michelle Long Dixon informed that HRSA is holding its decision on whether to allow San Francisco to carry forward its CARE dollars. Mr. Loyce said that in these tight economic times the federal government is looking carefully to see that grant money is spent appropriately, and examining significant carry forward requests.

Ms. Long Dixon updated the Committee on the CAITC/Native American AIDS Project contract. The agency has addressed recommendations that came from the last monitoring, including developing letters of cooperation with the Native American Health Center, developing policies and procedures, expanding its Board of Directors, and holding monthly, rather than quarterly, board meetings. Ms. Long Dixon is confident that the agency is moving in the right direction. At this time Ms. Long Dixon recommends that the agency be move into a routine monitoring cycle.

Commissioners' Comments

- Commissioner Guy asked if Congresswoman Pelossi's Office is involved in our dealings with HRSA. Ms. Long Dixon said not at this time. Staff is still working with HRSA to develop a response. Commissioner Guy agrees with the recommendation to move CAITC/NAAP into a regular monitoring program.

- Commissioner Parker asked how long the problems have existed with CAITC/NAAP. Ms. Long Dixon said that most of the program problems were related to NAAP, which only recently came under the control of CAITC. However there were board issues with CAITC that were only identified when NAAP was transferred. Ms. Long Dixon added that the agency would be coming to the Budget Committee for a contract modification due to the fact that it received a Board of Supervisors add-back.

4) EMERGENCY MEDICAL SERVICES (EMS) PRESENTATION OF THE MILLENNIUM EVALUATION

John Brown, M.D., EMS Medical Director, presented a summary of the evaluation of the City's millennium response.

As background, Dr. Brown discussed the DPH and EMS System preparations for the event, which included the development of field clinics and foot teams, increased staffing and added trauma capacity at receiving hospitals, staff training, preparation of maps and public information, citywide Y2K bug preparation and the development of a computer model for patient estimates. The planning estimates were that 1.5 million visitors, in addition to the base population of

800,000, would participate in the New Year's Eve celebration. In actuality, there were an estimated 275,000 participants at midnight. 220 patients sought care at the Field Care Clinics (FCC), 302 patients activated an ambulance response and 4,016 patients presented to emergency departments at city receiving hospitals.

Dr. Brown described the evaluation methodology that was used, which was the Centers for Disease Control and Prevention Framework for Program Evaluation in Public Health.

Conclusions

- Millennium response goal for DPH was achieved, but FCCs were not the cause
- If FCCs and foot teams at the venues were responsible for the decrease in emergency department visits, they should have decreased ambulance use (most likely from within their venue sites)
- Crowd turnout was less than anticipated
- Less casualties resulted than were anticipated

Recommendations

- Don't abandon the FCC/Foot Team concept
- Improve Foot Team and FCC use by EMS
- FCC capacity is disaster capacity
- Develop mass gathering permitting process
- Mass gathering EMS plans should include surveillance of medical system and cost data
- Continue to utilize CDC model for evaluation of large scale, multiple agency public health programs
- Integrate evaluation methodology into planning process

Christine Wachsmuth, director of Emergency Department and Trauma Services for San Francisco General Hospital, said that the millennium was a great learning experience. There are very specific circumstances where FCCs are necessary. The preparations for the event and event itself opened avenues of communication with entities such as the Fire Department and Police Department that did not exist before.

Ms. Smyly said that there were a lot of public education messages around the millennium celebration that may or may not have had an impact on the outcomes.

Commissioners' Comments

- Commissioner Guy hopes that this will be a working document, not just put on a shelf. She is interested in a continued relationship with all the stakeholders, including the Police Department. She asked how the information about the FCCs was disseminated. Dr. Brown said that flyers with maps and prevention messages were distributed. Commissioner Guy asked what was needed from the Health Commission to move forward with the recommendations. Dr. Brown said he would present the permitting proposal when it is going through the Police Department's review process and would further evaluate the role of FCCS in terms of disaster preparation.

- Commissioner Parker said there were many factors that made the millennium mellow. He asked if staff had any recommendation on the size of mass gatherings that would trigger a permit. And in hindsight, could the FCCs have been located in different areas to reach more people? Dr. Brown said he would like to work with the Police Department on all levels of permitting, but has not reached that stage yet. Commissioner Parker said that it is difficult to evaluate if the money was well spent because certain things did not happen that might otherwise have happened.

5) TOBACCO FREE PROJECT UPDATE

Mele Lau Smith, Tobacco Free Project, presented the Tobacco Free Project update.

The Tobacco Free Project (TPF) has two sources of funding, Proposition 99 tobacco tax and San Francisco's portion of the master settlement funds. Tobacco is the number one preventable cause of death. California has the lowest prevalence of smokers except for Utah. However, it still causes one in five deaths. The California tobacco control program is renowned worldwide as a model program. In San Francisco adult smoking prevalence was 17.1% in 2000, which was a decrease from the 1990 rate of 21.9%. 13.3% of SF high school students were current smokers in 2001. This is lower than the nationwide rate, but higher than the rate of the rest of California. In San Francisco the 18-24 year old age group that has increased its smoking rates.

Ms. Lau Smith described the FY 2001-2004 TFP Plan. The plan was developed with the Tobacco Free Coalition and with feedback and input from DPH. It addresses 18 community indicators. Interventions are policy advocacy, enforcement of tobacco control laws, media, community capacity building and cessation programs. Ms. Lau Smith highlighted various efforts for each of the interventions as well as the evaluation outcomes.

Commissioners' Comments

- Commissioner Guy suggested that the presentation to the Health Commission include more detail about the 18-24 age group's increased smoking prevalence. She asked what the Health Commission could do to support the program. Ms. Smyly responded that the Commission and the Department need to understand that the Proposition 99 allocation is decreasing—it is currently half the amount of the 1990 allocation. In lean economic times she would urge the Commissioners to remember that the citizens voted for and support these funds.

- Commissioner Parker said that the tobacco industry continually adds money into its advertising while our program funds are decreasing. The Department will have to find extra funds as the tax dollars dwindle. He asked where the public education advertisements were aired. Ms. Lau Smith said they are on cable television. Commissioner Parker has been a long time advocate of placing prevention materials in clinics, waiting rooms, and other public places.

6) PRESENTATION OF THE HIV/AIDS EPIDEMIOLOGY ANNUAL REPORT FOR 2001

Willi McFarland, M.D., PhD, Co-Director, HIV/AIDS Statistics and Epidemiology Section, summarized the 2001 HIV/AIDS Epidemiology Annual Report using a power point presentation (Attachment A).

Commissioners' Comments

- Commissioner Guy asked if the lower survival rate among African Americans with AIDS was primarily due to access to HARRT or socioeconomic status. Dr. McFarland replied that it is more related to socioeconomic status than ethnicity. African Americans who live in the Castro have bett survival outcomes than those who live in Bayview. More evaluation is needed to determine where barriers exist.

7) EMERGING ISSUES

Jimmy Loyce asked the commissioners what emphases they would like to see in the Annual AIDS Report, which will be presented to the PHP Joint Conference Committee in November. The following suggestions were given:

- Prevention Strategies
- Age breakdown in new infection population
- Connection between epidemiology and prevention efforts
- Challenges at the State and Federal level
- Jail population

8) PUBLIC COMMENTS

None.

9) ADJOURNMENT

The meeting was adjourned at 12:35 p.m.

Michele M. Olson
Executive Secretary to the Health Commission

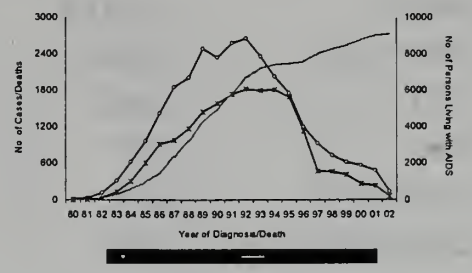
Attachment (1)

HIV/AIDS Epidemiology Annual Report 2001

Sandra K. Schwarcz, MD, MPH
Willi McFarland, MD, Ph.D.

HIV/AIDS Statistics and Epidemiology Section
AIDS Office, SFDPH

San Francisco AIDS Incidence, Mortality, and Prevalence by Year, 1980-2002[2]



Cumulative AIDS Cases

Total	**27,923**
Men	**26,578**
Women	**1,072**
Transgender	**273**

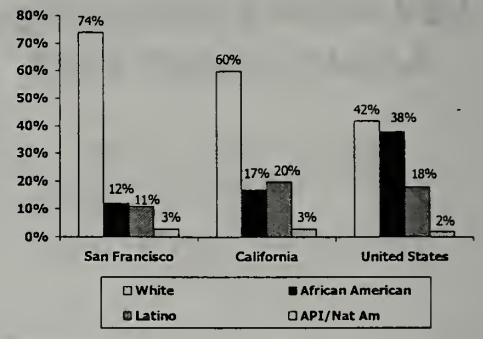
Cumulative AIDS Cases

White	**20,616**
Black	**3,404**
Latino	**2,959**
Asian/PI	**809**
Native Am.	**135**

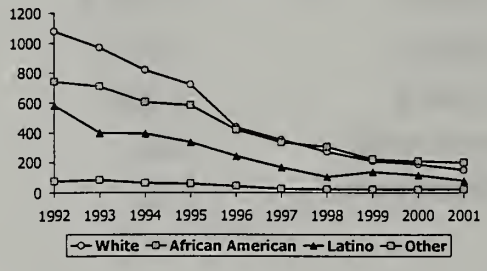
Cumulative AIDS Cases

MSM	21,415
MSM-IDU	3,360
IDU	1,967
Het.	387
Tranfusion	267
Other/Unk.	257

Percent of AIDS Cases by Race/Ethnicity in San Francisco, California, and the United States



Male annual AIDS incidence rates per 100,000 population by race/ethnicity, San Francisco, 1992-2001

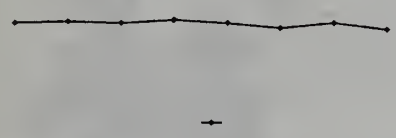


Female annual AIDS incidence rates per 100,000 population by race/ethnicity, San Francisco, 1992-2001



Attachment A, 2

Deaths due to HIV/AIDS -related and non-causes among persons with AIDS San Francisco, 1992-1999



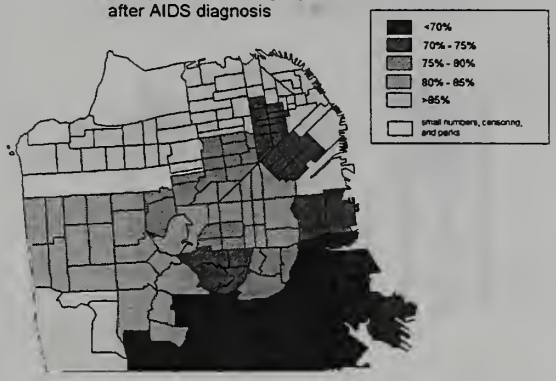
Kaplan-Meier survival* curves for persons diagnosed with AIDS in 1993-1995 and 1996-2000, San Francisco



Kaplan-Meier survival* curves for persons diagnosed with AIDS in 1996-2001 by race/ethnicity, San Francisco



Estimated proportion surviving 5 years after AIDS diagnosis

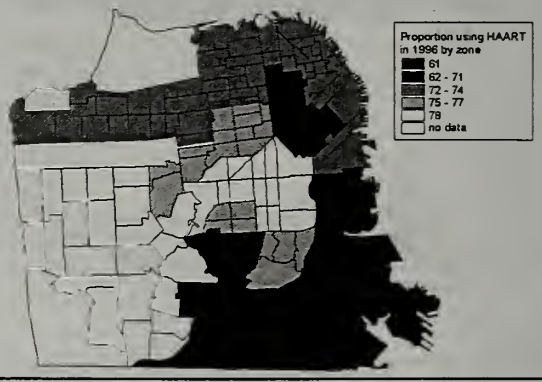


Attachment A, 3

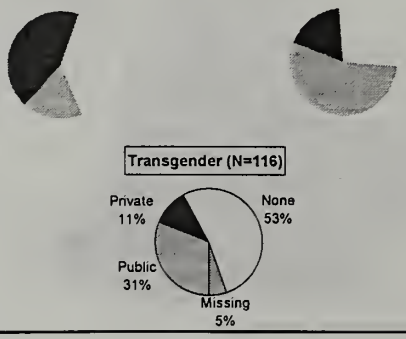
Use of HARRT among persons living with AIDS by gender, race/ethnicity, and risk, San Francisco, December 2001



HAART use by neighborhood

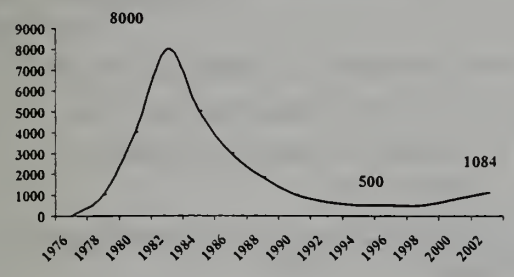


AIDS cases by gender and insurance status at diagnosis, San Francisco, 1996-2001

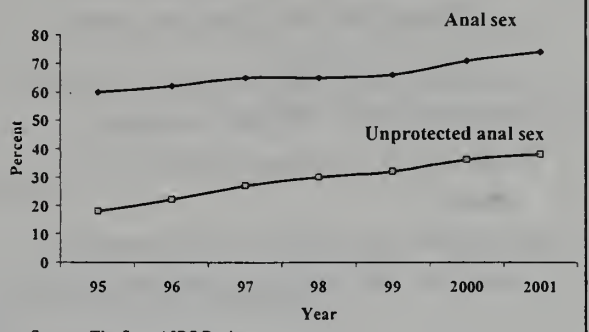


Percent of homeless AIDS cases by year of diagnosis, San Francisco, 1992-2001

History of HIV incidence, San Francisco

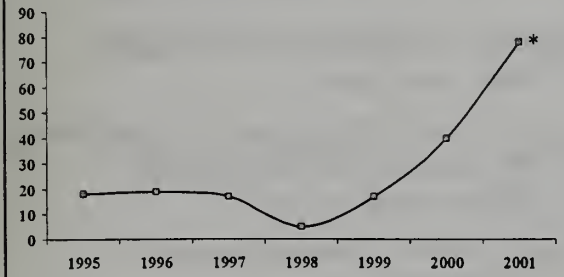


Sexual risk behavior among MSM



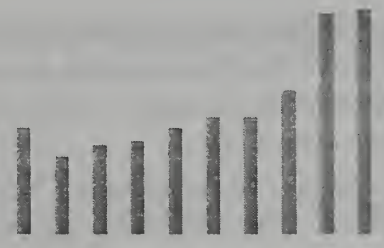
Source: The Stop AIDS Project

Reported cases of primary and secondary syphilis, MSM, San Francisco



Source: SFDPH

Number of AIDS cases diagnosed with an STD by year of STD diagnosis, San Francisco, 1990-1999



Attachment A, 5

Executive Summary

Prevention and Care Successes

- New AIDS diagnosis continue to decline in all racial/ethnic, risk, gender groups
- AIDS deaths continue to decline in all groups
- One new case of AIDS due to transfusion long ago; risk now 1 in a million

Executive Summary

Prevention and Care Successes

- No child under 13 diagnosed with AIDS
- HIV among pregnant women is low
- Treatment to prevent transmission to infants is high
- HIV transmission among heterosexuals is rare

Executive Summary

Cautious Optimism

- HIV transmission among heterosexual injection drug users is stable and relatively lower in San Francisco compared to elsewhere in the US
- However, HIV transmission is associated with drug use in MSM, TG, amphetamine users

Executive Summary

Prevention and Care Challenges

- Rates of decline in new AIDS cases and AIDS deaths slowing
- HIV transmission is increasing or remaining high among MSM, MSM-IDU, and transgendered persons
- The number of persons living with HIV/AIDS is increasing

0.457
2/02

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President

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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
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Executive Secretary

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AGENDA

JOINT CONFERENCE COMMITTEE MEETING
FOR
POPULATION HEALTH AND PREVENTION

Tuesday, October 22, 2002
9:30 a.m. – 11:30 a.m.
AIDS PROGRAMS OFFICE
25 Van Ness, Suite #500
San Francisco, CA 94102

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Commissioner Harrison Parker, Sr., D.D.S., Chair
Commissioner Roma P. Guy, MSW

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF MINUTES FOR SEPTEMBER 24, 2002**
**Minutes for September 24, 2002*

3) **FOR DISCUSSION:** **SECRETARY'S REPORT**
(Jimmy Loyce, PHP Secretary)
(Description of activities and operations of the Population Health and Prevention Division)

4) **FOR DISCUSSION:** **1st QUARTER REVENUE AND EXPENDITURE REPORT**
(Anne Okubo)
**Report*

5) **FOR DISCUSSION:** **ENVIRONMENTAL HEALTH ANNUAL REPORT**
(Rajiv Bhatia, M.D., Director Environmental and Occupational Safety and Health)
**Report*

101 Grove Street San Francisco, CA 94102-4505

6) **FOR DISCUSSION:** **STRATEGIC PLAN UPDATE**
(Ann Kronenberg, Director Policy and Planning)
**Update*

7) **FOR DISCUSSION:** **PARAMEDIC RESPONSE INTERVAL REPORT**
(John Brown, M.D., EMS Medical Director)
**Report*

8) **EMERGING ISSUES**

9) **PUBLIC COMMENTS****

10) **ADJOURNMENT**

* **Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311.**

** **Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that are within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.**

Disability Access

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American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

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removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

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Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

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For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: **Donna_Hall@ci.sf.ca.us**.

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at:
www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm

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HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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MINUTES

JOINT CONFERENCE COMMITTEE MEETING FOR POPULATION HEALTH AND PREVENTION

Tuesday, October 22, 2002
9:30 a.m. – 11:30 a.m.
AIDS PROGRAMS OFFICE
25 Van Ness, Suite #500
San Francisco, CA 94102

1) CALL TO ORDER

The meeting was called to order by Commissioner Parker at 9:40 a.m.

Present: Commissioner Harrison Parker, Sr., D.D.S., Chair
Commissioner Roma P. Guy, MSW

Staff: Rob Bannon, Rajiv Bhatia, M.D., John Brown, M.D., Sai-Ling Chan-Sew, Megan Corry, Mildred Crear, Pat Evans, M.D., Barbara Garcia, Charles Klein, Anne Kronenberg, Jimmy Loyce, Iman Nazeeri Simmons, Anne Okubo, Ginger Smyly, Jim Soos and Wendy Wolfe.

San Francisco Fire Department: Chief Smith, Chief McCallion

Commissioner Parker announced that the November meeting would be rescheduled from Tuesday, November 26, 9:30 a.m. to Friday, November 22, 12:30 p.m.

2) APPROVAL OF MINUTES FOR SEPTEMBER 24, 2002

Action Taken: The Committee approved the minutes of the September 24, 2002 Population Health and Prevention Joint Conference Committee meeting.

3) SECRETARY'S REPORT

Jimmy Loyce, PHP Secretary, presented the Secretary's Report.

COMMUNITY PROGRAMS

Ginger Smyly has been appointed as the Director of Health Promotion and Prevention reporting to Barbara Garcia in Community Programs. Prior to serving as Interim Director, Ms. Smyly was the Director of Health Education and has over 15 years of experience with the Department. She has been solely responsible for developing and expanding many prevention programs within the Department. One of her first priorities will be to develop a prevention framework that integrates population health and direct services. Ms. Smyly will also serve as Co-Deputy Director of Community Programs with Maria X. Martinez.

Mammogram Screening in Bayview Hunter's Point

On September 9-10, 2002, Southeast Health Center participated in a breast cancer-screening event at the Bayview Hunters Point YMCA. The event was sponsored by Big BAM, a New York Foundation focused on providing free mammograms to low-income women, in partnership with Giants Baseball. Approximately 50 women were screened. An additional 60 more women are scheduled for a second screening event to be held at Southeast Health Center on October 30, 2002.

Russian-Speaking Newcomers Celebration

The Newcomers Health Program hosted a Russian-speaking newcomers community celebration entitled "*Let's Be Healthy*" on September 20, 2002. Findings from the Newcomers Health Program's recently completed community assessment report of the Russian-speaking newcomer population in San Francisco were shared, and participants had an opportunity to learn about services and resources available to the Russian-speaking population. Roma Guy, Health Commissioner, and representatives from the California Refugee Health Section and Refugee Medical Clinic participated in the program.

Syphilis Increase and Continued Response

Syphilis cases continue to increase in San Francisco. As of September 30, 2002, the total number of early cases reported this year was 384. As before, nearly all of the cases are occurring in men who have sex with men, 65% of whom are HIV positive and 30% of whom report using methamphetamines during sex.

Meetings were held with staff at New Leaf and the Stonewall Project, agencies that provide services to methamphetamine users, to increase collaboration leading to improved access to syphilis screening and to improved referrals.

Posters depicting syphilis symptoms have been distributed to the emergency departments at San Francisco General Hospital, California Pacific Medical Center, Davies Campus and Ward 86 (SFGH's AIDS Clinic). These posters will hopefully serve as a reminder to clinicians to screen for syphilis and to check their patients for syphilis symptoms.

STD Outreach at the Folsom and Castro Street Fair

The STD Program had three booths at the Folsom Street Fair, September 29, 2002. This was the first time the STD Program offered syphilis serologies at a street fair and the results indicate that the screening was well received. The STD Program also had a booth at the Castro Street Fair on October 6, 2002.

Commissioners' Comments

- Commissioner Guy congratulated Ginger Smyly on her appointment as the Director of Health Promotion and Prevention. She said that next year the Department would have to approach the rising STD problem differently because the rate keeps increasing. Barbara Garcia said that STDs is an emerging issue in the prevention framework that is being developed. Wendy Wolfe added that the CDC came to San Francisco for four days in September and observed staff in the STD Clinic. They reported that San Francisco was significantly understaffed and based on their findings awarded $400,000. The CDC will also fund additional positions but expect the City to contribute matching funds. Commissioner Guy said that at some strategic point this issue should be brought to the Commission.

- Commissioner Parker has been following the monthly STD reports and is not impressed that DEP is doing a good job as a City. DPH should have answers and not wait for the CDC. If the Department needs to go to the Board of Supervisors, the Mayor, Congress, or others with its needs, then this should be done. The Department needs to constantly put its problems on the table, and be vocal and clear about what it needs, be it staffing, money, facilities or other resources.

4) 1st QUARTER REVENUE AND EXPENDITURE REPORT

Anne Okubo, Deputy Director of Finance, presented the 1st Quarter Revenue and Expenditure Report for PHP programs. A $201,000 surplus is projected based on year-to-date expenditure savings. Revenues are currently projected to be as budgeted. Expenditure savings are due to:

- Savings of $176,000 for equipment. Equipment has been placed on reserve pending further information on the status of citywide spending. It is expected that this reserve will be released by the Mayor's Office later in the fiscal year; and

- Savings of $25,000 from auto maintenance expenditures that have been placed on reserve. It is expected that this reserve will be released later in the fiscal year.

Revenue and expenditure projections will be updated in subsequent quarters as more detailed information becomes available. As the year progresses, it is going to become more difficult to get General Fund positions released. This impacts programs such as STD.

Commissioner's Comments

- Commissioner Guy understands that this is a difficult situation and she appreciates staff being forthright about the challenges.

5) ENVIRONMENTAL HEALTH ANNUAL REPORT

Rajiv Bhatia, M.D., Director Environmental and Occupational Safety and Health, presented the annual Environmental Health Report. The division has been evolving toward a more holistic view of what environmental health means and has had shifts in its approaches. There is no barrier between the physical and social environments, for example, asthma triggers. What distinguishes Environmental Health from other DPH programs is that it does not provide any clinical care or focus on individual behavior but rather a broader environment that includes schools, housing, workplaces, air, food, water and other things. Elements of the division's approach included:

- Taking a systems and interdisciplinary view
- Ensuring their mandates
- Building from current issues
- Engaging with and building collaborations
- Supporting community capacity
- Developing tools and resources

The organization includes Compliance Programs, Occupational Safety and Health, Children's Environments and the Health Inequities Research Unit, a new program that began this year. Dr. Bhatia gave the 2002 updates on fiscal trends, data access, the SRO program, asthma and housing, Hazardous Materials Clean and Green, needle-stick prevention, day laborers program, food systems, and impact assessment. The fiscal health of compliance programs allows the division to do its other work. One near-term goal is to have the Board of Supervisors reconsider legislation to increase fees so the programs are cost-recovery. The public data access program allows food inspections to be accessed via the Internet, which is a motivation to business owners to have good inspections. The Health Food Systems effort started from environmental justice work in Bayview Hunters Point. From there they worked with youth in the community to have them assess their access to healthy food. A Food Systems Council is staffed through DPH in partnership with the San Francisco Foundation.

Health impact assessment (HIA) is a way to strengthen health considerations in required environmental impact assessments. It is a collaborative planning and assessment tool and a method to conduct health policy analysis. Community applications have included food security strategies, the rent dislocation ordinance, Green School Yards program and San Francisco's minimum wage law. HIA challenges include buy in and relevance, time and resources, integrating HIA into existing environmental assessments and decision-maker accountability

Future Directions for Occupational and Environmental Health are:

- Mosquito control
- Partnerships with food industry
- Integrating children's programs
- Land use and redevelopment planning
- Action curriculums for high schools
- Consensus Councils

Commissioner's Comments

- Commissioner Parker asked if the Department has any influence with the School District to provide healthier food to students. Dr. Bhatia replied that DPH cannot regulate the School District, but can provide them with incentives, an example being funding a position through a USDA grant. The Department also works with community organizations that put pressure on the schools. Commissioner Parker asked how society got to the point where its children are obese and poorly nourished. Ms. Smyly said that school districts used to have better nutrition programs. Their programs have diminished while at the same time the fast food industry has become highly aggressive. It is cheaper to have machines and vendors than healthy food in schools. Ms. Smyly added that there are some wonderful programs around the State, particularly in elementary schools. It is important to acknowledge youth as stakeholders, and the tobacco control effort is a good model for working with youth. Ms. Garcia stated that the Department is restructuring the SFUSD/DPH committee so these policy-level discussions can take place.

- Commissioner Guy supports the holistic approach being taken by Environmental Health. She also suggested that the report include a written narrative when presented to the Health Commission.

Public Comment
Neil Gendel, Healthy Children Organizing Project, strongly supports Environmental Health's work. Healthy housing is so important—children in poor housing can have a lifetime of problems. With regard to school nutrition, schools do not have adequate facilities to make healthy food. Mr. Gendel distributed information about the Alliance for Healthy Schools (on file).

6) STRATEGIC PLAN UPDATE

Anne Kronenberg, Director Policy and Planning, presented an update on the DPH Strategic Plan. The goal has been to have a document that does not sit on a shelf but rather is implemented from the management level to the line staff. The Department has taken the Strategic Plan very seriously and staff has tried to tie each annual report to the plan. This report will give an overall perspective as well as list the year's accomplishments.

Commissioners' Comments

- Commissioner Parker asked if it is a five-year Strategic Plan. Ms. Kronenberg replied that all initiatives were assigned a starting time within the first three years. Commissioner Parker said that DPH is looking 50 years down the road with things such as the San Francisco General Hospital and Laguna Hospital rebuilds. So the Strategic Plan needs to look that far ahead as well. Mr. Soos said that this is a difficult challenge because there are unforeseen issues that become near-term priorities. For example, when the plan was developed bioterrorism was not factored in. Yet at the same time, need to look many years out.

- Commissioner Guy said one piece of information the Health Commission would like to know from staff is if the Strategic Plan is a viable resource tool or a waste of time, as well as recommendations for making it more useful. Mr. Soos replied that he has been meeting with staff for the past four months so knows and can convey their perspectives.

7) PARAMEDIC RESPONSE INTERVAL REPORT

John Brown, M.D., EMS Medical Director, presented an update on the EMS system response intervals. Response time standards are set by the local EMS agency with some guidance from the State. Response time is one quality indicator but not the only quality indicator. EMSS Policy 2120 has three response codes:

Code 3 "life threatening"	-	8 minutes or less
Code 3	-	10 minutes or less
Code 2	-	20 minutes or less

Dr. Brown said it is extremely difficult for dispatchers to differentiate between Code 3 "life threatening" and Code 3, so they are recommending that the Code 3 "life threatening" category be eliminated.

A review of the response interval data for 1995-2002 suggests a reduction in the total response interval for Code 2 calls, but no significant change in Code 3 and Code 3 "life threatening" intervals.

In March 2002 the EMS Section created Policy 1080: Pilot Programs, to define the process by which the EMS Section monitors and evaluates pilot programs. Since last year, the EMS Section has reviewed two pilot programs designed to improve the response to EMS incidents: the California Ambulance Association's "1 Paramedic, 1 EMT Partnership Program;" and the San Francisco Fire Department's "Rapid Paramedic Response System." Each of these programs was designed to improve the quality of care by increasing the total number of ALS resources in the system and by reducing the response intervals to the most acute patients. The EMS resources in 2002 are 11 ALF first responder engines/trucks, 20 ambulances and four field supervisors.

Factors that affect response intervals

- Dispatch interval – use of caller interrogation system may increase call processing time
- Roll interval – static vs. dynamic development; number and location of resources available
- Increased demand – EMS incident volume. San Francisco's volume is increasing 2%-4% per year, which is below the national increase of 5% per year.

Methods to improve EMS System Response:

- Expand ALS first response (RPRS program)
- Comprehensive patient-focused Quality Improvement program
- Establish Paramedic service provider agreements with all ALS providers
- Establish EMS System standards for response intervals consistent with State
- Continue to support the SFFD efforts for EMS function and integrate into the Fire Department the ability to sustain the EMS mission.
- Have a physician appointed to the Fire Commission
- Have a medical director in the EMS dispatch center

Commissioners' Comments

- The Health Commission will be having a discussion with the Fire Commission and Dr. Brown needs to help prepare the Health Commissioners. How can the Health Commission be helpful to the Fire Department to embrace this new mission? Commissioner Guy asked for EMS data for each of the different fire stations. The public believes that the faster the response time, the better the health outcome. This is not necessarily the case for every emergency but the expectation is there and will have to be addressed. Chief McCallion said that the Fire Department has more than tripled the number of ALS resources on the streets, and deserves a lot of credit. However, they now need to focus on the quality of care that is delivered. Strong medical direction in the Fire Department is necessary to move to this next level. The Department is proposing to expand the ALS program from 18/40 engines to 24/40 engines by February. Chief Smith said that there is still a cultural problem between health and fire in the Fire Department. More than half of the calls to the Fire Department are health related.

- Commissioner Parker is surprised that the two Departments were able to merge to any significant degree.

8) EMERGING ISSUES

None.

9) PUBLIC COMMENTS

None.

10) ADJOURNMENT

The meeting was adjourned at 12:10 p.m.

Michele M. Olson
Executive Secretary to the Health Commission

.457

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

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Commissioner

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JOINT CONFERENCE COMMITTEE FOR POPULATION HEALTH AND PREVENTION COMMITTEE MEETING

Please note that the regular Joint Conference Committee for Population Health and Prevention meeting scheduled for Tuesday, November 26, 2002 has been re-scheduled for:

Friday, November 22, 2002
12:30 to 2:30 p.m.
25 Van Ness, Suite #500
San Francisco, CA 94102

For information call the Health Commission Office at 554-2666

Posted November 4, 2002

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
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MINUTES

JOINT CONFERENCE COMMITTEE MEETING FOR POPULATION HEALTH AND PREVENTION

Friday, November 22, 2002
12:30 p.m. – 2:30 p.m.
AIDS PROGRAMS OFFICE
25 Van Ness, Suite #500
San Francisco, CA 94102

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1) CALL TO ORDER

The meeting was called to order by Commissioner Parker at 12:40 p.m.

Present: Commissioner Harrison Parker, Sr., D.D.S., Chair
Commissioner Roma P. Guy, MSW

Staff: Michelle Long Dixon, Barbara Garcia, Brian Katcher, Wylie Liu, Jimmy Loyce, Chona Peralta, Randy Reiter, Sandy Schwarcz, M.D., Ginger Smyly, Steven Tierney.

2) APPROVAL OF MINUTES FOR OCTOBER 22, 2002

Action Taken: The Committee approved the minutes of the October 22, 2002 Population Health and Prevention Joint Conference Committee meeting.

3) SECRETARY'S REPORT

Jimmy Loyce, PHP Secretary, presented the Secretary's Report.

Maternal and Child Health Data Use Project

The Maternal and Child Health (MCH) Section is one of twelve programs selected out of an application group of 53 to participate in a national MCH Data Use Institute Project. The Data Use Institute (DUI) is focused on building community capacity for using data effectively in planning programs and developing policy. The DUI model promotes the translation of data to action for the health of women, children and families. The San Francisco project has a twelve-member team that will be exploring the issue of perinatal substance abuse.

DPH Staff Elected to the National WIC Association

Maria R. LeClair, MPA, RD, Director of Nutrition Services, was elected to represent the Western Region on the Local Agency Committee of the National WIC Association (NWA) for two years. The NWA provides leadership to the WIC community by promoting quality nutrition services; advocating for services for all eligible women, infants, and children; and assuring sound and responsive management of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).

Syphilis Testing Incentive Program

The STD Program has recently implemented a new incentive program for syphilis testing. Men who go to the STD Program or the Healthy Penis 2002 website can print a coupon which can be exchanged for a Castro Theater movie pass or a gift certificate to A Different Light Bookstore after getting a syphilis test at City Clinic. This Program is being sponsored by the Internet Sexuality Information Services, one of the community agencies that have been working closely with the STD Program to try to eliminate syphilis in San Francisco.

AIDS Office, TB Control and Environmental Health Join the Response to Syphilis

During the month of October, 56 early syphilis cases were reported. This is the largest number of cases reported for any one month this year. Three units within the Health Department (HIV Seroprevalence, TB Control and Environmental Health) have volunteered to temporarily detail staff to the STD Program to assist their staff with syphilis case management and follow up of high risk individuals.

Commissioners' Comments

- Commissioner Guy asked if staff is attributing the increased number of syphilis cases to better outreach and identification or is the number of people getting infected increasing. Mr. Loyce replied that there is no one single answer. One component is that the Department is more actively seeking out individuals to get tested. Mr. Tierney added that the number of people with syphilis is actually increasing. The most effective approach is to get everyone tested, increase primary care among all MSMs, and if a person is sexually active with more than one partner, he should get screened every six months.

- Commissioner Parker asked how long individuals usually go undiagnosed and untreated. Mr. Tierney said the initial indicator lasts two weeks but then goes away. After the first two weeks there is nothing physical that would cause a person to seek medical treatment. Commissioner Parker reiterated that even though the Department is being active with education and outreach, the messages are not resonating. What are the barriers? He said it has been very difficult to get a grip on where the Department should be going. Mr. Tierney said the focus is less on education and awareness and more on widespread screening and treatment. The virus is confined to a closed group and we will know we have been successful when the number in this group decreases. Mr. Loyce emphasized that these strategies and approaches work over time,

not immediately. With regard to the Syphilis Testing Incentive Program, Commissioner Parker would like a report on the number of people who take advantage of the program.

4) PREVENTION FRAMEWORK PRESENTATION

Ginger Smyly presented the SFDPH Prevention Framework. The purpose of the framework is to guide the development of a five-year DPH Prevention Plan. The guiding principles of the framework are to:

- address health of populations throughout the life cycle
- promote evidence-based practice
- examine effects on inequities
- address root causes
- build on existing prevention efforts
- collaborate across sectors and levels within DPH and beyond
- promote genuine public partnership
- evaluate interventions

There development of the framework has seven steps:

1. Analyze San Franciscan's health
2. Produce evidence about major determinants
3. Identify and prioritize prevention issues
4. Define goals and objectives
5. Identify prevention options
6. Decide on prevention interventions
7. Implementation (including evaluation)

A Prevention Workgroup has been established and will work closely with the Integration Task Force, the Prevention Planning Group and Community Program managers and medical directors. The timeline for completing the five-year Prevention Plan is July 2003, and the plan will be presented to the Joint Conference Committee and the Health Commission.

Commissioners' Comments

- Commissioner Parker said that prevention vis-à-vis health providers is at a disadvantage because providers are trained to identify and treat disease. Further, people are often reluctant to proactively change their behavior and often prevention efforts come through legislation, such as seat belt and helmet laws. The plan needs to stress that people can live longer if they live healthy. He also recommended the KISS approach—Keep it Simple System—which makes it easier for people to buy in to the program. The plan is a good one, and he asked if it would be incorporated into the Department's Strategic Plan. Ms. Smyly said it would be incorporated.

- Commissioner Guy is very excited about the plan, and stressed that internal ownership is an important objective. She suggested that Public Health Week could be used to promote this plan. She supports it being infused into the Strategic Plan. Barbara Garcia said that the Health Commission allowed the effort to move forward and spurred internal ownership. Commissioner Guy encouraged that this presentation be made to all of the Joint Conference Committees as well as presented to the community.

5) ANNUAL AIDS UPDATE

Jimmy Loyce, Director of the AIDS Office, began with a report with an overview of the Office's staff, organization and budget. He also described the HIV Prevention Planning Council and the HIV Health Services Planning Council.

Sandra Schwarcz presented HIV/AIDS statistics and epidemiology. This section is responsible for gathering the data that is used by others to understand what is happening with the epidemic. AIDS cases peaked in 1992 and have declined since then. Deaths due to AIDS have declined since 1996 due in large part to the availability of effective treatment. Although there is a decline in AIDS cases, there is an ever increasing number of people living with AIDS in San Francisco, which presents a challenge for care and prevention. Dr. Schwarcz presented AIDS rates by gender and by race, and information about how many individuals diagnosed with AIDS are homeless. She also gave estimated rates of HIV seroconversion in San Francisco. HIV infection rates are increasing in San Francisco. She then discussed survival after AIDS diagnosis and HAART use by neighborhood.

Dr. Steven Tierney presented the HIV Prevention Section. The types of services they offer include outreach, workshops, social marketing, risk reduction counseling, HIV testing, prevention case management, media development and needle exchange. Behavioral risk populations are used to prioritize and target services to those at the highest risk of HIV infection. He highlighted the Community Action Forum on Gay Health and three new initiatives to address prevention needs in the young African American MSM community. Dr. Tierney described the new HIV prevention initiatives in the areas of research, services and innovation in HIV prevention, including website development and the Evaluating Local Interventions data collection system.

Michelle Long Dixon presented HIV Health Services. Services include primary medical care, home health care, dental care, housing, substance abuse treatment, mental health care, case management, peer and treatment advocacy, benefits counseling, food, legal assistance, child care and transportation. HIV Health Service priorities are to:

- Ensure access to care and eliminate disparities in care
- Assure comprehensive, high quality, culturally competent services
- Increase integration of services
- Bring those who know that they are HIV positive but are not into care into care

Ms. Long Dixon discussed populations targeted by programs to ensure access to care, quality management, the development of standards of care and HIV Health Services in the Correctional System.

Commissioner Guy left the meeting at 2:45 p.m.

Mr. Loyce concluded the report by providing an overview of epidemiological trends, prevention challenges, care challenges and resource challenges. Cuts in CARE Title I funds are expected to be greater than last year, there are projected cuts in prevention funding from all levels of government and private and foundation resources have decreased. The opportunities and next steps for the AIDS Office are:

- Critical re-evaluation of services and priorities
- Emphasis on evidence-based decisions
- Assessment of cost effectiveness of services

- Focusing on those with the highest level of needs
- Increasing integration of services within DPH

Commissioners' Comments

- Commissioner Parker asked if the Department is testing more. Mr. Tierney said the total number of tests has not increased but we are testing higher risk populations. The theory of widespread testing twice a year is not applicable because the epidemic is very concentrated.

6) EMERGING ISSUES

None.

7) PUBLIC COMMENTS

None.

8) ADJOURNMENT

The meeting was adjourned at 2:55 p.m.

Michele M. Olson
Executive Secretary to the Health Commission

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CANCELLATION NOTICE

JOINT CONFERENCE COMMITTEE FOR THE POPULATION HEALTH AND PREVENTION COMMITTEE MEETING

The Joint Conference Committee for Population Health and Prevention meeting, scheduled for Tuesday, December 24, 2002 has been cancelled.

The next regularly scheduled meeting will be Tuesday, January 28, 2003 at 9:30 a.m., at 25 Van Ness, Room #500, in San Francisco, as usual.

An agenda will follow.

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